

Southeast Region Bureau of Human Services Licensing  
1001 Sterigere Street, Building 2  
Room 161  
Norristown, PA 19401

3300 Henry Avenue Operating Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950

3300 Henry Avenue Operating Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950

3300 Henry Avenue Operating Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950

3300 Henry Avenue Operating Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950



**MAILING DATE:** 8/24/2018

3300 Henry Avenue Operating  
Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950

The Department of Human Services (Department) has received and reviewed Pediatric Specialty Care at Philadelphia's plan of correction for violations found during the Department's inspections on February 16, 26 and 27, 2018 and March 1, 2, 5, 9, 10, 12 and 13, 2018. The plans reviewed included Pediatric Specialty Care at Philadelphia's original plan of correction submitted on April 24, 2018, an addendum to the plan of correction submitted on June 12, 2018, and a second addendum to the plan of correction submitted on July 20, 2018. The Department has determined that your plans as amended are acceptable. Copies of the final, approved plans are enclosed with this letter.

Pediatric Specialty Care at Philadelphia's current license dated November 22, 2017 to November 22, 2018 is REVOKED. A FIRST PROVISIONAL license is being issued based on the violations with 55 Pa.Code Chapter 6400 (Relating to Community Homes for Individuals with an Intellectual Disability). The decision issue a PROVISIONAL license is made pursuant to 62 P.S. § 1008 and 55 Pa.Code § 20.54(a) (Relating to Provisional Certificate of Compliance). Your PROVISIONAL license is enclosed.

All violations specified on the Licensing Inspection Summaries must be corrected by the dates specified on the approved plan of correction, and continued compliance with 55 Pa.Code Chapter 6400 (Relating to Community Homes for Individuals with an Intellectual Disability) must be maintained.

The Department acknowledges Pediatric Specialty Care at Philadelphia's confirmation that "every element of the approved plans of correction for each violation of Chapters 3800 and 6400...will remain in effect until written approval by the Department to stop or modify the plans in granted, even if the facility's license has been renewed," as well as Pediatric Specialty Care at Philadelphia's confirmation that "the plan of correction will include the continuation of the closure of new admissions until written approval from the Department to reopen admissions is granted" as specified in Pediatric Specialty Care at Philadelphia's July 20, 2018 addendum to the plan of correction.

If Pediatric Specialty Care at Philadelphia disagrees with the decision to issue a PROVISIONAL license, Pediatric Specialty Care at Philadelphia has the right to appeal through hearing before the Department of Human Services, Bureau of Hearings and Appeals, in accordance with 1 Pa.Code Part II, Chs. 31-35. If Pediatric Specialty Care



at Philadelphia decides to appeal, a written request for an appeal must be received within 30 days of the date of this letter by:

Ms. Noraliz Campanella, Licensing Management Unit  
Office of Developmental Programs  
Department of Human Services  
Room 405, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120

This decision is final 30 days from the date of this letter, or if Pediatric Specialty Care at Philadelphia decides to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Pediatric Specialty Care at Philadelphia is reminded that an appeal of this decision does not constitute an appeal of any other concurrent or subsequent adverse action taken by the Department, including but not limited to the issuance of a provisional license by the Department of Human Services, Office of Children, Youth, and Families to operate the portion of Pediatric Specialty Care at Philadelphia's facility licensed pursuant to 55 Pa. Code Chapter 3800 (Relating to Child Residential and Day Treatment Facilities).

Sincerely,

A handwritten signature in cursive ink that reads "Nancy Shala".

Deputy Secretary

Enclosure(s)

Southeast Region Bureau of Human Services Licensing  
1001 Sterigere Street, Building 2  
Room 161  
Norristown, PA 19401

3300 Henry Avenue Operating Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950

3300 Henry Avenue Operating Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950

3300 Henry Avenue Operating Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950

3300 Henry Avenue Operating Company LP  
90 Cafferty Road  
Po Box 217  
Point Pleasant, PA 18950



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

## CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to **3300 Henry Avenue Operating Company LP, 90 Cafferty Road, Po Box 217, Point Pleasant, PA 18950**

LEGAL ENTITY

To operate facilities with the location(s) specified on subsequent page(s)

To provide **Community Living Services**

TYPE OF SERVICES TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **32** or the maximum capacity permitted by  
**MAXIMUM CAPACITY**

the Certificate of Occupancy, whichever is smaller.

Restrictions: **Closure of New Admissions**

This Certificate is granted in accordance with the Human Services Code of 1967, P.L.31, as amended, and Regulations 55 Pa. Code Chapter  
**6400**

and shall remain in effect from **8/24/2018**

until **2/24/2019**

unless sooner revoked for non-compliance with applicable laws and regulations.

Certification ID: **CER-00133969**

MPI ID: **102863490**

DEPUTY SECRETARY

NOTE: This Certificate is issued for the site(s) listed on all pages only and is not transferable and should be posted in a conspicuous place in the facility.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

3300 Henry Avenue Operating Company LP, 90 Cafferty Road, Po Box 217, Point Pleasant, PA 18950

LEGAL ENTITY

The Legal Entity has the license to operate:

MPI Service Location	Effective Date	Location Name	Location Address	Maximum Capacity
0003	08/24/2018	Pediatric Specialty Care at Philadelphia	3301 SCOTTS LN, PHILADELPHIA, PA 19129	32

PROVISIONAL

**LICENSING INSPECTION SUMMARY**  
**Community Home for Individuals with Intellectual Disabilities - 55 Pa.Code §6400**

	Legal Entity	Community Home
<b>Name of Provider:</b>	3300 Henry Avenue Operating Company, LP	Pediatric Specialty Care at Philadelphia
<b>Street Address:</b>	90 Cafferty Road, PO Box 271	3301 Scotts Lane
<b>City:</b>	Point Pleasant	Philadelphia
<b>Zip Code:</b>	18950-0217	19128

**License Number:** CER-00112120

**Type of Inspection:** Complaint and Monitoring

**Notice:** Unannounced

**Inspection Dates and Department Representatives:**

<b>February 26-27, 2018:</b> Ann Favarella, R.N.	<b>March 9-10, 2018:</b> Nancy Thaler; Gregory Cherpes, M.D.; Michelle Lehman, R.N; Jennifer Gates, R.N.; Erin Birster, R.N.; Rosemary Hudson, R.N.; Phyllis Hicks, R.N.; Lauren Heckrote, R.N.; Mary Citko
Mary Citko; Jodi Berhow; Desmond Pessima	

<b>March 1, 2, 5, 2018 –</b> Ann Favarella, R.N.	<b>March 12 - 13, 2018 –</b> Mary Citko; Vladimir Postevka; Ann Favarella, R.N (3/12)
--	---

**Instructions for Plans of Correction**

- The provider must submit an acceptable plan of correction to address noncompliance items to continue to have a license to operate.
- The plan of correction for each violation must be written in the “Plan of Correction” section of the Licensing Inspection Summary.
- The legal entity representative must sign and date each plan of correction where indicated.
- The provider may attach additional pages to the Licensing Inspection summary if additional space is required for a plan of correction. Additional pages must list the violation addressed by the plan and be signed and dated by the legal entity representative.
- The plans of correction must include a plan to address the specific violation identified and a plan to prevent similar violations in the future.

## **Regulation - § 6400.16. Abuse.**

Abuse of an individual is prohibited. Abuse is an act or omission of an act that willfully deprives an individual of rights or human dignity or which may cause or causes actual physical injury or emotional harm to an individual, such as striking or kicking an individual; neglect; rape; sexual molestation, sexual exploitation or sexual harassment of an individual; sexual contact between a staff person and an individual; restraining an individual without following the requirements in this chapter; financial exploitation of an individual; humiliating an individual; or withholding regularly scheduled meals.

### **Violation**

Child A died at the facility at 1:09 AM on February 4, 2018. **Pediatric Specialty Care, through systematic failure to provide or arrange for adequate staffing, created conditions conducive to serious injury or death** such as that of Child A. All the individuals served by Pediatric Specialty Care are children or young adults with significant physical and cognitive disabilities. The conditions described below occurred between 7 PM on February 3, 2018 and 7 AM on February 4, 2018, and are reflective of Pediatric Specialty Care's day-to-day operations:

- **There was insufficient staff to meet children's needs.** There was no nursing supervisor on duty to address clinical issues, provide appropriate oversight, and assist in the event of medical emergencies. There were only three nurses and two "nurse technician assistants" to provide care to 29 children on the 4<sup>th</sup> floor of the facility. The nurse who was scheduled to be the "lead nurse" was pulled from that assignment to cover one of the care teams, which was understaffed due to staff call-outs. In addition to this assignment, she assisted on the 3rd and 4th floors during other medical emergencies ("codes") that occurred during the shift.
- **Staff assignments were made without regard for acuity levels or children's specific needs.** Pediatric Specialty Care assigns "acuity levels" to each child based on the child's level of need. The levels range from Level 1 - children with needs such as Therapy Enteral Feedings, Basic Seizure Management, and Gastric Tubes - to Level 4, described by Pediatric Specialty Care as "the most clinically demanding in a sub-acute setting, typically requires increased staffing." The nurse assigned to Child A was responsible for 10 children; six of the children (including Child A) were acuity Level 3, three of the children were acuity Level 2, and one of the children was acuity Level 1. One nurse for 10 children with extensive medical needs is insufficient to ensure health and safety.
- **The respiratory therapist on duty had multiple conflicting roles and unclear responsibilities.** On the night of Child A's death, one respiratory therapist was responsible for 29 children on the 4<sup>th</sup> floor and as a resource for respiratory and cardiac issues for the 14 children on the 3<sup>rd</sup> floor. The respiratory therapist is expected to address any respiratory or cardiac arrest that occurs on either floor of the facility, preventing immediate response in the event of concurrent emergencies. There were two concurrent medical emergencies on different floors requiring direct involvement of the respiratory therapist at or about the same time that Child A was in distress. Additionally, there were no documented procedures regarding whether and how specific children are "assigned" to a respiratory therapist for oversight of specific care and treatment needs, nor what "assigned" means. Of the 29 children on the 4<sup>th</sup> floor, 18 were assigned to the respiratory therapist on the night of Child A's death. Four other children on the 4<sup>th</sup> floor, including Child A, had tracheostomy tubes, but were not assigned to the respiratory therapist on duty.
- **Pediatric Specialty Care's patient monitoring technology was malfunctioning and ineffective.** A centrally-located monitoring board to measure children's oxygen saturation levels and heart rates is present in the facility. This information is displayed in real time on four monitors placed at various locations on the 4<sup>th</sup> floor. An alarm sounds when a child's oxygen level or heart rate is outside of normal parameters. The system is also designed to capture data and run reports. Pediatric Specialty Care staff reported that:

- The monitors are placed in such a way that they cannot be seen when in a child's room or from all areas of the floor.
- The alarm indicating a possible emergency cannot be heard when staff are attending to children in other bedrooms.
- There are occasions when the pulse oximeters (devices that measure blood-oxygen saturation levels) were not capturing information but the alarm did not sound.

During an onsite inspection, agents of the Department observed instances where the system reported abnormalities in a child's readings, but nursing staff did not immediately respond to the alert.

The accuracy of the system's reports is unreliable. The Department requested and was provided with Child A's oximetry report on the night of his death. According to the report provided, the child was connected to his pulse oximeter at 7:23 PM on February 3, 2018. However, video footage captured by a camera placed in the facility shows Child A riding in his wheelchair and not connected to his pulse oximeter until 9:54 PM – 2 hours and 31 minutes after what was documented in the oximetry report.

- **Oxygen tanks and equipment were poorly maintained and improperly monitored.** Oxygen tanks equipped with flow regulators (which regulate the amounts of liters of oxygen released per minute) are used by Pediatric Specialty Care for emergency oxygen therapy. Tanks are to be maintained with a minimum oxygen level of 1,000 pounds per square inch (PSI) with regulators sufficient to release a maximum output of 15 liters per minute (L/min). It was reported that Pediatric Specialty Care removed all "low-flow" regulators (4 L/min) from children's rooms in January 2017. At the time of Child A's death, the emergency oxygen tank in his room was equipped with a low-flow regulator. Pediatric Specialty Care was unable to explain how and why the low-flow regulator came to be in the room. Video footage captured by Pediatric Specialty Care's camera also shows the nurse who responded to what she described as Child A's "death scream" leaving the child's room and going to the room next door for a 5 L/min oxygen concentrator (a device that filters and generates medical grade oxygen) to treat him, even though there was an oxygen tank with a 15 L/min regulator on the emergency cart brought to the room five minutes earlier. Additionally, a statement provided by a Pediatric Specialty Care employee read in part "many of the children's rooms did not have oxygen tanks. Often if they did, they did not have the correct high flow regulator; which is what we would need to provide proper oxygen via [a bag-valve mask] in an emergency."
- **There were no policy, procedure, or protocols relating to oxygen maintenance.** There is no oversight or monitoring of oxygen tanks and regulators in children's rooms, on "emergency carts," or in storage. Pediatric Specialty Care's policy is to check emergency carts daily, but the check does not include each cart's oxygen regulator. Pediatric Specialty Care was unable to produce documentation of cart checks for February 21, 27, or 28, 2018. There is no protocol for how to obtain additional oxygen tanks if needed on evenings or weekends.
- **There were no specific policies, procedures, or protocols relating to Emergency Response and Mock Code Drills.** The purpose of a mock code drill is to ensure that staff are trained and able to respond to a medical emergency. During the March 9-10, 2018 inspection, the Vice President of Clinical Services stated that there is no policy in place for codes because they "don't do codes" there. The Vice President of Clinical Services went on to say that there is a "Rapid Response" system for medical emergencies and "mock code" drills. A "Mock Code Evaluation Form" used to document 30 minutes of employee training was provided by Pediatric Specialty Care, but training material was not presented and there was no policy on mock code drills. A Registered Nurse on the 4<sup>th</sup> floor stated that the last mock code drill was completed in July or August 2017. Another Registered Nurse on the 4<sup>th</sup> floor stated that there are "no assigned tasks" during a rapid response or code, and that "everyone just comes." During another onsite inspection, all staff interviewed stated that no mock codes were performed after initial orientation. Staffing records for the seven staff who responded to Child A on the night of his death contain no evidence that they participated

in mock code drills at any time. Three of the records contained a “Mock Code Evaluation Form” with only the dates filled in. Staff also reported that the “Rapid Response” system works by dialing “\*10” over the building’s intercom system during codes, that whoever is available responds, that the intercom cannot be heard when staff are in children’s rooms, and that they yell for help during a crisis instead of using the system. The lack of an effective emergency response system is further evidenced by the nurse’s response to Child A’s distress as documented above.

In addition to the above, the following substandard and unsafe practices were identified:

- Multiple children in the facility require a feeding tube for nourishment. A feeding tube is a medical device used to provide nutrition to people who cannot obtain nutrition by mouth, are unable to swallow safely, or need nutritional supplementation. When providing nourishment via a feeding tube, the person must be in an upright or elevated position; providing tube feedings while the person is lying on his or her back presents an elevated risk of aspiration in the event that the nutrition is regurgitated. During the March 9-10, 2018 inspection, multiple children were observed receiving tube feedings while lying flat in their cribs, including Child B.
- Child C requires a Heat Moisture Exchanger (HME) to provide tracheostomy humidification in order to maintain thin secretions and prevent mucus plugs. During the March 9-10, 2018 inspection, a nurse was observed dropping Child C’s HME on the floor, picking it up, and reattaching it to Child C’s tracheostomy, an improper infection control practice that can lead to tracheal infections.
- Pediatric Specialty Care’s method of identifying children for purposes of providing proper medical care is to designate children who occupy semi-private (2-person) bedrooms as “Patient A” and “Patient B.” During the March 9-10, 2018 inspection, agents of the Department questioned staff regarding how staff know which child is “Patient A” and which is “Patient B” in a semi-private room. Conflicting answers about which child was which were provided. One staff person was asked how a staff member would identify a patient correctly. The staffer responded that “we just know them” and “their picture is on the front of the chart”. No individuals receiving services in the facility were wearing identification bracelets, medication alert bracelets, or any other means of confirming their identities. This practice creates a strong possibility that a child will mistakenly receive care and treatment services ordered for another child, especially in an emergency. The frequent use of staffing agencies to provide nursing staff who do not know the children and are not fully trained compounds the risk.

#### **Regulation - § 6400.33(a)**

An individual may not be neglected, abused, mistreated or subjected to corporal punishment.

#### **Violation**

The systematic and person-specific instances of abuse and prohibited restraint use reported as violations of § 6400.16 and 200(a)-(b) in this Licensing Inspection Summary deprived children of the right to be free from neglect, abuse, or mistreatment.

## **Regulation - § 6400.43(b)(1)**

The chief executive officer shall be responsible for the administration and general management of the home, including the following: Implementation of policies and procedures.

### **Violation**

The chief executive officer failed to implement multiple policies and procedures necessary to provide adequate care to safeguard the health and safety of children in care.

- Pediatric Specialty Care's February 6, 2017 "Documentation" procedure reads that "Nursing will document a progress note every shift for each individual in his/her care during that shift" in Pediatric Specialty Care's "Point Click Care" electronic records system. There were no progress notes created for Child E from February 13, 2018 to February 16, 2018.
- Pediatric Specialty Care's February 6, 2017 "Documentation" procedure specifies content to be recorded and who is to record it in the electronic records system. A review of 3 months' worth of records for six children found numerous instances of missing assessments and progress notes. Staff reported that there were many changes in documentation requirements and expectations are confusing.
- Pediatric Specialty Care's "Model of Care" policy reads in part, "staffing ratios are based on overall patient care needs. The staffing component is a combination of Respiratory Therapists, Licensed Nurses, and Certified Nursing Assistants who are providing care and available 24/7." There were numerous violations of this policy, including:
  - Pediatric Specialty Care schedules respiratory therapists in 12-hour shifts. Two respiratory therapists are present between the hours of 7 AM – 7 PM and one respiratory therapist is present between the hours of 7 PM – 7 AM. This consistent, routine staffing schedule does not take each individual's unique medical needs into account, nor does it provide for concurrent situations requiring the services of a respiratory therapist.
  - There are frequent call-offs with no replacements or back-up plan for filling staffing vacancies. On March 9, 2018, the staffing schedule for March 10, 2018 indicated a vacancy in the charge nurse position for Saturday morning due to a call-off. On March 10, 2018, the schedule vacancy had not been filled.
  - Individuals' acuity levels are not accurately assessed or changed based on changes in their medical status. During the March 9-10, 2018 inspection, a staff nurse stated that acuity levels are assessed daily by the Registered Nurse and updated in the Pediatric Specialty Care system because they use acuity levels for billing purposes. However, the Registered Nurse on the 4th Floor stated that he does not assess or change acuity levels, and that levels are changed in the system by the Director of Nursing when she is working. Additionally, each Individual Support Plan produced by Pediatric Specialty Care reviewed by the Department read, verbatim, "[the individual] is monitored hourly by the interdisciplinary team, including Nurse Technicians, Nurses, and Respiratory Therapists. The facility is staffed with a staff-to-resident ratio of 1:8 during awake hours and 1:16 during sleeping hours."

**Regulation - § 6400.43(b)(3)-(4)**

The chief executive officer shall be responsible for the administration and general management of the home, including the following:

- (3) Safety and protection of individuals.
- (4) Compliance with this chapter.

**Violation**

The scope and severity of the violations described in this Licensing Inspection Summary demonstrate a failure to protect children's health and safety or comply with regulatory requirements.

**Regulation - § 6400.46(a)**

The home shall provide orientation for staff persons relevant to their responsibilities, the daily operation of the home and policies and procedures of the home before working with individuals or in their appointed positions.

**Violation**

Staff Person #1 is a "nurse tech" responsible for providing services to Child E. The child has extensive medical and supervision needs. Staff Person #1 was not trained on the child's specific care needs at any time.

**Regulation - § 6400.144**

Health services, such as medical, nursing, pharmaceutical, dental, dietary and psychological services that are planned or prescribed for the individual shall be arranged for or provided.

**Violation**

Pediatric Specialty Care consistently failed to provide planned and prescribed health services to multiple children at the facility as follows:

- Multiple children receiving services in the facility are monitored for proper oxygen saturation, which is the amount of oxygen-saturated hemoglobin in the blood expressed as a percentage. Oxygen saturation levels must be closely monitored to avoid serious injury. Hypoxemia is generally considered to be present when the oxygen saturation level is below 90 percent. Blood oxygen saturation levels below 80 percent may compromise organ function, such as the brain and heart, and must be promptly addressed. Continued low oxygen levels may lead to respiratory or cardiac arrest. At Pediatric Specialty Care, children's oxygen saturation levels are monitored by a centrally-located "monitoring board." The monitoring board identifies children by first name only and does not include the children's room numbers to assist staff in locating a child's room if medical intervention is necessary. This practice creates a strong possibility that there will be delays in responding to a child in need of immediate medical care, especially in an emergency. The frequent use of staffing agencies to provide nursing staff who do not know the children and are not fully trained compounds the risk.

- It was discovered during the February 26-27, 2018 inspection that Child E had a physician's order for vital signs to be checked daily. There was no record that these checks were completed on the following dates:
  - January 11, 2018
  - February 4, 2018,
  - February 10, 2018
  - February 13-15, 2018
  - February 20, 2018
  - February 22-24, 2018
- All the events described in § 6400.16 above also constitute failure to provide health services.

#### **Regulation - § 6400.161(b)**

Prescription and potentially toxic nonprescription medications shall be kept in an area or container that is locked, unless it is documented in each individual's assessment that each individual in the home can safely use or avoid toxic materials.

#### **Violation**

During the March 9-10, 2018 inspection, a medication cart containing prescription medications and medical supplies was unlocked and accessible in Room 429. Each individual in the home is unable to safely use or avoid prescription medications.

#### **Regulation - § 6400.161(e)**

Discontinued prescription medications shall be disposed of in a safe manner.

#### **Violation**

During the February 26-27, 2018 inspection, the following discontinued medications prescribed for Child F were present in the facility's medication box:

- Banophen, 12.5 mg
- Omeprazole, 2 mg
- Muprirocin Ointment, 2%

**Regulation - § 6400.164(a)-(b)**

- (a) A medication log listing the medications prescribed, dosage, time and date that prescription medications, including insulin, were administered and the name of the person who administered the prescription medication or insulin shall be kept for each individual who does not self-administer medication.
- (b) The information specified in subsection (a) shall be logged immediately after each individual's dose of medication.

**Violation**

- Pediatric Specialty Care uses an electronic medication administration log. When the log is used properly, the person administering medications to individuals records the time of administration and enters his or her initials. Since at least 2016, this system has been manipulated as follows: at the close of each business day, administrative professionals (e.g., clerks and secretaries) review a system-generated report to identify cases where the person administering the medication documented that medications were administered and/or that the initials of the person administering the medication are present in the electronic record. If any information is missing, the electronic system "flags" the omission. The administrative professional then enters missing documentation in the electronic system so "it will not be considered missed anymore." This practice fails to provide for immediate entry as required by this regulation, and poses a potential risk to individuals in that there is no way to determine if the medications were administered.
- Child G has a chest-inserted central venous catheter. The purpose of this device is to give medicines, fluids, or nutrients. There are "dressings," special bandages to keep the catheter site dry and clean, which must be changed on a periodic basis in a sterile manner. During the March 9-10, 2018 inspection, dressing changes did not include the initials of the person who changed Child G's dressings or the date that the dressings were changed. The staff member caring for the child at the time of the inspection was unaware of the policy regarding dressing changes. Pediatric Specialty Care's policy regarding dressing changes does not indicate the required frequency.

**Regulation - § 6400.185(b)**

The ISP shall be implemented as written.

**Violation**

The "safety precaution" section of Child E's current ISP at the time of the February 26-27, 2018 inspection reads that "[Child E] is dependent on others in all aspects of daily living and in need of constant supervision...he should not be left alone for any amount of time and needs to be checked when sleeping." The "staffing ratio – home" section of the ISP reads that the child "is never alone at home. [Child E] needs a caregiver in the same room with him at all times."

On February 27, 2018 Child E was observed to be alone in his bedroom with no caregiver present.

The facility administrator stated that Pediatric Specialty Care was unable to provide one-to-one supervision to Child E and other individuals in the facility because they were not being paid to provide that level of supervision.

**Regulation - § 6400.188(a), (b) and (d)**

- (a) The residential home shall provide services including assistance, training and support for the acquisition, maintenance or improvement of functional skills, personal needs, communication and personal adjustment.
- (b) The residential home shall provide opportunities and support to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in National or local organizations.
- (d) The residential home shall provide services that are age and functionally appropriate to the individual.

**Violation**

Pediatric Specialty Care does not operate in a manner consistent with minimum standard practice in serving children with intellectual disabilities. All the individuals served in the facility are children or young adults.

There is no program, practice, or plan to provide for the children's cognitive development, communication skill development, social and emotional stability and development, and general physical development.

The children do not receive the age-appropriate attention and level of adult/child interaction necessary for their development. There is no planned, age-appropriate functional activity or play with toys or objects, with adults or with other children that supports cognitive, emotional, physical and language development. Children are given things to hold randomly without regard to their preference or developmental stage. Learning to manipulate objects/toys, point to objects when asked, make gestures, etc. are not supported through play and ongoing interactions throughout the child's day. TV or IPAD screens are on in every room throughout the day and evening with movies or children's shows without regard to the child's interest or cognitive level. Children were observed in their bedrooms alone in the afternoon and early evening sitting in front of TV screens without any interaction other than attention to their physical health needs. There is no evidence that children have access to music that is age-and developmentally appropriate which can support speech development, interactions with adults and children and can be comforting.

There is no evidence that the facility recognizes each child's unique needs and abilities to communicate. There is no record of the type of gestures or behavior that would indicate the child's physical or emotional state. There is no strategy to support the development of receptive or expressive communication so that the children can express preferences, relate to adults and other children. Under these conditions, children whose communication efforts are not recognized or developed become passive and result in the failure to develop even rudimentary skills.

Many staff reported that the children never leave the facility for outings. The children have no experiences in the community or exposure to the outdoors. The only time a few children go outdoors is when they are transported to public school. The children do not know the feel of the sun or wind or the sound of birds singing or car horns blowing.

There is no focus on the children as individuals – there is little personalization in their rooms; rarely pictures of family members, no attention to preferred activities or toys.

There is no orientation to season or time of year such as displays related to the seasons or holidays.

There is inadequate attention to the children's emotional needs. There is no operational strategy to compensate for the trauma children experience from the absence of family. Few children receive family visitors regularly. It is through relationships with attachment figures that children learn to trust others, regulate their emotions, and interact with the world; they develop a sense of the world as safe or unsafe, and come to understand their own value as individuals. A trusting, secure relationship is necessary for children to become emotionally stable enough for learning to occur. When caregiving relationships are unstable or unpredictable, children learn that they cannot rely on others to help them. The absence of any adult bonding puts the children at risk of depression and emotional deterioration. The facility has no strategies to build caregiver constancy. There is no assignment a single staff person as the primary caregiver so that a relationship can develop; there is no program to recruit

volunteers to “adopt” a child in the facility whom they would visit regularly to develop a relationship; there are no strategies to communicate with families using video technology; there is no permanency planning for the children’s future Strategies such as these are needed to support the “acquisition, maintenance or improvement of functional skills, personal needs, communication and personal adjustment,” as this regulation requires.

#### **Regulation - § 6400.200(a)-(b)**

(a) A mechanical restraint is a device used to control acute, episodic behavior that restricts the movement or function of an individual or portion of an individual’s body. Examples of mechanical restraints include anklets, wristlets, camisoles, helmets with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, restraining sheets and similar devices.

(b) The use of a mechanical restraint is prohibited except for use of helmets, mitts and muffs to prevent self-injury on an interim basis not to exceed 3 months after an individual is admitted to the home.

#### **Violation**

Pediatric Specialty Care used prohibited mechanical restraints on Child D.

On March 9, 2018, bilateral upper extremity restraints were found on Child D. Child D had white, hard plastic, tubular devices on bilateral upper extremities secured with Velcro straps. These devices restricted Child D’s free movement of the elbow and wrist joints. Restraints of this nature are prohibited by this regulation.

On March 10, 2018, soft restraints were present on Child D’s upper extremities. Soft restraints are a kind of “posey” and are prohibited by this regulation.

Prior to the discovery of the above restraints, the facility’s Vice President of Clinical Operations stated that “[Pediatric Specialty Care] is a restraint-free facility. Additionally, the facility’s May 18, 2016 policy and procedures on restrictive procedures reads, “It is the policy of Pediatric Specialty Care that restrictive procedures are not to be used under any circumstances.” The policy provides examples of prohibited practices, one of which reads “any practice that limits an individual’s movement, activity, or function.”

## **Plans of Correction**

### **Plan of Correction for § 6400.16**

#### **With respect to abuse:**

##### **Correction:**

The facility will ensure that children entrusted to its care and supervision are not abused, mistreated, threatened, harassed or subject to corporal punishment, and are treated with fairness dignity and respect.

##### **Identification of Others:**

The facility reviewed all incidents reports from March 10, 2018 and found no incidents of actual or suspected child abuse by facility staff against any child. There was one incident of alleged abuse against a child by the child's father, which was reported to and is being investigated by the Department. Following consultation with the Department, the facility immediately restricted the father's access to the facility and the father has not returned to the facility since the alleged incident.

As of April 19, 2018, staff received reeducation about the identification of suspected child abuse, internal reporting processes, external reporting process and the Alternative Plan of Supervision. Any staff who have not been reeducated as of that date will receive reeducation before being allowed to work with children.

##### **Systemic Changes:**

The facility and facility management have engaged subject matter experts to provide assistance in assessing areas for improvement and implementing changes to policies and procedures as indicated.

The staff orientation training program has been modified to include discussion of the facility's revised abuse reporting and protection policy, and current staff have been reeducated about the abuse reporting and protection policy. No staff will be allowed to work with children until they have been reeducated as to the revised policy.

Staffing assignments have been revised to assure that there is a Nurse Supervisor on duty 24 hours a day, 7 days a week, without any direct care responsibilities. The Director of Nursing or designee is also available and on call 24 hours a day, 7 days a week.

Respiratory therapists assignments have been revised, and all children with ventilators or mechanical airways are assigned to a respiratory therapist.

The facility's new Medical Director started March 1, 2018. He has seen all the children at the facility and new orders have been issued where indicated and individual plans of care updated as necessary. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

Staff recruitment and retention has received increased attention and continues to be a priority of the facility.

##### **Monitoring:**

The facility has developed systems that are intended to increase individual accountability, and all tasks in this plan of correction have been assigned to specific individuals to assure implementation and ongoing compliance.

The Administrator is responsible for assuring that the facility's quality assurance and safety committees meet monthly and that issues are reported on as indicated in this plan of correction.

\*\*\*

#### **With respect to nursing staffing:**

##### **Correction:**

The facility will ensure adequate staffing to meet the needs of the children. Effective March 10, 2018 the facility committed to and implemented the "off cart RN supervisor" role (Nurse Supervisor) with 24/7 coverage. The Nurse Supervisor provides nursing oversight and resource to staff and families and he/she does not get pulled from the Nurse Supervisor assignment to cover direct care or nursing cart assignments.

##### **Identification of Others:**

The facility reviewed its nursing and medical services with respect to all children in the facility.

On April 1, 2018, the facility's new medical director, affiliated with St. Christopher's Hospital for Children's pediatric physician group practice, started at the facility. The facility's new medical director has examined all of the children at the facility and, where indicated, new orders, ISPs and care plans have been issued. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

**Systemic Changes:**

Clinical staffing and hiring has been a primary focus.

On April 16, 2018, a nursing assignment policy was adopted. Each nursing team is lead by an RN or an LPN.

In addition, a Nurse Supervisor is assigned to every shift to provide leadership and support for the direct care staff.

The medical model has also been enhanced with the Medical Director on site two full days a week. The Director of Nursing or designee is on call for any questions 24/7. An administrative on call manager has been added to cover 7 days a week to add more structure and escalation.

The facility has implemented daily "safety huddles" that allow issues to be escalated to clinical and administrative leadership.

**Monitoring:**

The Nurse Supervisor on each shift will review staffing on each shift and will escalate to the Director of Nursing, Administrator or designees any staffing concerns.

The Director of Nursing or designee will review staffing each day and will notify the Administrator, Human Resources Coordinator or designees if additional staffing is required.

\*\*\*

**With respect to scheduling of respiratory therapists:**

**Correction:**

The facility will ensure adequate staffing to meet the needs of the children. The facility is licensed for 32 children under 55 Pa. Code Chapter 6400 and there are 19 children with a trach and 9 children with mechanical ventilation and those children are assigned to a respiratory therapist.

As of October 30, 2017, the facility authorized a new staffing pattern for two full-time equivalent therapists around the clock 24/7 and is recruiting to permanently fill the new positions.

Respiratory therapists are assigned to all children with mechanical ventilation and/or artificial airways and/or physician order for respiratory consult.

**Identification of Others:**

The facility reviewed rehabilitation and medical services with respect to the children in the facility.

On April 1, 2018, the facility's new medical director, affiliated with St. Christopher's Hospital for Children's pediatric physician group practice, started at the facility. The facility's new medical director has examined all of the children at the facility and, where indicated, new orders, ISPs and care plans have been issued. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

All children with physician orders for pulmonary consult also are seen by the facility's pulmonologist affiliated with The Children's Hospital of Philadelphia. The pulmonologist has examined all of the children at the facility with orders for pulmonary consult.

**Systemic Changes:**

The current respiratory staffing model includes one full-time equivalent respiratory therapist around the clock and a second full-time equivalent therapist that works peak hours between 12pm-8-pm.

As of October 30, 2017, the facility authorized a new staffing pattern for two full-time equivalent therapists around the clock 24/7 and is recruiting to permanently fill the new positions.

The facility also has added a lead respiratory therapy position to oversee quality assurance, staffing, assignments and training. The facility is in the process of interviewing for a permanent hire for this position, and in the interim, current respiratory therapy staff are covering.

On April 13, 2018, a respiratory assignment policy was adopted. All children with mechanical ventilation and/or artificial airways will be overseen by a respiratory therapist. The respiratory therapist caseload assignments will be made by the Director of Nursing or designee based upon census and respiratory needs of the children.

The facility also reviewed its contract for pulmonology services with a pediatric group practice affiliated with The Children's Hospital of Philadelphia and determined that no changes were necessary at this time.

**Monitoring:**

The Nurse Supervisor on each shift will review staffing on each shift and will escalate to the Director of Nursing, Administrator or designees any staffing concerns.

The Director of Nursing or designee will review staffing each day and will notify the Administrator, Human Resources Coordinator or designees if additional staffing is required.

The Administrator will review on an annual basis the facility's third-party contracts for pulmonology services.

\*\*\*

**With respect to patient monitoring technology:**

**Correction:**

The facility follows physician orders related to monitoring oxygen saturation levels using a point-of-care pulse oximetry device that displays pulse rate and pulse oximetry levels and itself has monitoring and reporting capabilities, including alarm functions which notify staff if there are deviations from defined parameters.

The facility also uses a back-up "SafetyNet" system that, in addition to the point-of-care device, provides for central monitoring capabilities of pulse rate and pulse oximetry levels and deviations from defined parameters.

On March 21, 2018, the SafetyNet back-up system was updated to include on the "monitoring board" the first name, first initial of last name and room number for each child with an order for pulse oximetry monitoring.

The SafetyNet manufacturer updated the software to permit the facility to generate reports directly from the point-of-care device (which reports may be in Greenwich Mean Time (GMT) and not Eastern Time (ET)) and conducted software training April 5, 2018.

**Identification of Others:**

On March 21, 2018, the facility conducted a review of all children with orders for pulse oximetry point-of-care devices and "readmitted" them into the SafetyNet system so that the children also can be monitored via the back-up SafetyNet system.

**Systemic Changes:**

The facility will reeducate Nursing and Respiratory staff on the Pulse Oximetry policy on or before May 9, 2018.

**Monitoring:**

The Nurse Supervisor will be responsible for ensuring that the Pulse Oximetry policy is followed with respect to children with physician orders for pulse oximetry, as indicated on the Nurse Supervisor checklist.

The Director of Nursing will conduct random audits to confirm that the Nurse Supervisors are conducting Pulse Oximetry checks and the results of the audits will be discussed at the facility's monthly quality assurance and safety committee meetings.

The Director of Nursing will conduct an annual review of the SafetyNet system and will report on and make recommendations to the facility's quality assurance and safety committee.

\*\*\*

**With respect to policies and procedures relating to oxygen maintenance:**

**Correction:**

The facility reviewed and revised and adopted new policies related to oxygen maintenance and storage, effective April 13, 2018.

**Identification of others:**

On February 5, 2018, a Respiratory Therapist conducted oxygen tank safety audit rounds, and on March 26, 2018, the Director of Nursing conducted oxygen tank safety audit rounds to ensure compliance.

**Systemic Changes:**

Effective April 13, 2018, the facility reviewed and updated the Use of Oxygen Cylinders policy and the Use of Oxygen Concentrators policy. The facility also adopted the Oxygen Storage and Handling policy. The policies, among other things, describe the facility's safe practices for storage and handling of oxygen tanks and identify the locations where the oxygen tanks can be found.

- An "E" tank will be kept in a portable carrier.
- An additional "E" tank is kept on the Emergency cart at each unit.
- Additional cylinders are stored in the designated oxygen storage room.
- When a tank pressure falls below 500 psi it will be placed in designated return area in oxygen storage room and new tank placed with the individual on the unit.
- Oxygen "E" tanks will be kept with individual at all times.
- If individual is ambulatory it may be kept in the appropriate assigned "Designated Emergency Equipment Parking Area".

Oxygen concentrators are serviced by the appropriate DME Company. Facility-owned owned concentrators will be sent out for servicing annually.

Oxygen safety audit rounds are completed by the Nurse Supervisor on each shift.

The Respiratory Therapist is responsible for ensuring appropriate quantities of oxygen is on hand at all times.

The Central Supply coordinator is responsible for sending out the facility-owned equipment for routine maintenance/servicing.

Nurse Supervisors and Respiratory Therapists were reeducated on their responsibilities relating to oxygen as of April 19, 2018.

In addition, to the extent not already trained, RNs and LPNs who are not Nurse Supervisors will be trained on the new and revised policies prior to working their next scheduled shift.

**Monitoring:**

Effective April 17, 2018, the Interim Lead Respiratory Therapist will conduct weekly audits on the storage, handling, uses, and maintenance relating to oxygen. The audits will be reviewed at the monthly quality assurance and safety meeting.

The Director of Nursing is responsible to assure compliance with the Use of Oxygen Cylinders policy, the Use of Oxygen Concentrators policy, and the Oxygen Storage and Handling policy.

\*\*\*

**With respect to the rapid response protocol:**

**Correction:**

The facility will ensure that staff are trained and able to respond to a medical emergency.

**Identification of others:**

The facility reviewed its policies and procedures related to rapid response.

**Systemic Changes:**

The Rapid Response policy, Rapid Response Flow Sheet and Emergency Response Record were updated effective April 13, 2018.

On March 21, 2018, a mock code simulation room, which includes a pediatric-sized mannequin, was established in the facility for purposes of conducting mock codes.

On March 28, 2018, a mock code was conducted at the facility.

Mock code and medical emergency situation drills will be conducted and documented monthly, including when the medical director and pulmonologist are at the facility.

All Nurse Supervisors and Respiratory Therapists were trained on their responsibilities relating to rapid response as of April 19, 2018.

Effective April 16, 2018 a rapid response overview is included in the clinical portion of the new employee orientation.

Annual in-service training will occur for staff serving as members of the Rapid Response Team.

**Monitoring:**

The mock codes and medical emergency situation drills will be reviewed monthly at the quality assurance and safety meeting.

The Director of Nursing and Administrator are responsible for ongoing staff training and compliance with the Rapid Response Policy.

\*\*\*

**With respect to children who require a feeding tube for nourishment:**

**Correction:**

A feeding and dining program has been implemented during the 8am-7pm shift to engage children and promote safety and socialization in a seated or upright position. The specific children identified in the Licensing Inspection Summary were not disclosed to the facility.

**Identification of Others:**

The facility reviewed feeding and nutritional services and policies.

**Systemic Changes:**

Therapeutic staff audited all children for adaptive equipment needs for position during feeding and documentation of the audit was noted in each child's medical record.

Effective April 19, 2018, the facility adopted a Gastrostomy Feedings policy, a Jejunostomy Feedings policy and a Nasogastric Feedings policy. Each policy indicates the appropriate positioning for children.

Effective April 19, 2018, the RNs, LPNs and Nurse Supervisors have been trained on the feeding policies.

**Monitoring:**

The Nurse Supervisor will be responsible for routinely monitoring positioning of children receiving enteral feeds.

The Director of Nursing will conduct random audits and report to the quality assurance and safety committee on a monthly basis to ensure that proper positioning and dining environment standards are followed.

Any failure to comply with the feeding policies will result in reeducation which may be coupled with progressive/ corrective discipline. Any instance of noncompliance following reeducation/ corrective discipline will result in further corrective discipline up to and including termination of employment.

\*\*\*

**With respect to the Heat Moisture Exchanger and infection control:**

**Correction:**

The facility will ensure that staff are educated on proper infection control.

Immediately staff were educated on discarding Heat Moisture Exchangers.

**Identification of Others:**

The facility has implemented daily "safety huddles" that allow issues to be escalated to clinical and administrative leadership.

**Systemic Changes:**

The facility brought in subject-matter experts in the area of facilities management and environmental services.

The facility revised its Infection Prevention policy. Staff will be reeducated on the Infection Prevention policy on or before May 9, 2018.

**Monitoring:**

The Nurse Supervisor will conduct safety rounds during each shift.

The Housekeeping supervisor will conduct daily safety rounds.

Infection control issues will be reported on at the monthly quality assurance and safety committee.

\*\*\*

**With respect to identification of children:**

**Correction:**

All children are properly identified so that appropriate medical treatment can be provided to each child. The specific children referenced in the Licensing Inspection Summary were not disclosed to the facility.

**Identification of Others:**

All resident rooms were audited on March 13, 2018.

Identification bands were placed on all children on March 13, 2018.

Resident name and room number was placed on the outside of each resident's door on March 13, 2018.

Bed designation (A, B) was placed above every child's bed on April 16, 2018.

**Systemic Changes:**

Effective April 13, 2018, the Personal Identification policy was updated.

Each child must have an identification bracelet with the child's name and date of birth.

Effective April 14, 2018 the Room Assignment and Changes policy was updated.

Each individual is assigned to a room and bed. Bed locations are as follows:

- Private room: Bed A is the only bed in a private room.
- Semi-private room with two beds: Bed A is located closest to the window and Bed B is located closest to the door.
- Semi-private room with three or more beds: When entering a room with more than one door, enter door on right of room then bed located to immediate left is Bed A and the beds will continue clockwise around the room for Bed B, Bed C and Bed D if applicable

The individual's room assignment will be entered into the facility's Electronic Medical Record and into the facility's electronic pulse oximetry monitoring system, SafetyNet.

All staff have been educated on patient identification and room assignments as of April 19, 2018.

**Monitoring:**

Social Services, Nursing, and Administrator are responsible for the individual room assignments and identification bracelets in accordance with policy.

Social Work will conduct audits using the Identification Checks checklist to assure room assignment accuracy and will report to the monthly quality assurance and safety committee.

The Director of Nursing and Administrator are responsible for ongoing compliance.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

**Signature of Legal Entity Representative (Required):**

**Date: April 24, 2018**

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

## **Plan of Correction for § 6400.33(a)**

### **Correction:**

The facility will ensure that children entrusted to its care and supervision are not neglected, abused, mistreated or subjected to corporal punishment.

### **Identification of Others:**

The facility reviewed all incidents reports from March 10, 2018 and found no incidents of actual or suspected child abuse by facility staff against any child. There was one incident of alleged abuse against a child in the 55 Pa. Code Chapter 6400 facility by the child's father, which was reported to and is being investigated by the Department. Following consultation with the Department, the facility immediately restricted the father's access to the facility and the father has not returned to the facility since the alleged incident.

As of April 19, 2018, staff received reeducation about the identification of suspected child abuse, internal reporting processes, external reporting process and the Alternative Plan of Supervision. Any staff who have not been reeducated as of that date will receive reeducation before being allowed to work with children.

### **Systemic Changes:**

The facility and facility management have engaged subject matter experts to provide assistance in assessing areas for improvement and implementing changes to policies and procedures as indicated.

The staff orientation training program has been modified to include discussion of the facility's revised abuse reporting and protection policy, and current staff have been reeducated about the abuse reporting and protection policy. No staff will be allowed to work with children until they have been reeducated as to the revised policy.

Staffing assignments have been revised to assure that there is a Nurse Supervisor on duty 24 hours a day, 7 days a week, without any direct care responsibilities. The Director of Nursing or designee is also available and on call 24 hours a day, 7 days a week.

Respiratory therapists assignments have been revised, and all children with ventilators or mechanical airways are assigned to a respiratory therapist.

The facility's new Medical Director started March 1, 2018. He has seen all the children at the facility and new orders have been issued where indicated and individual plans of care updated as necessary. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

Staff recruitment and retention has received increased attention and continues to be a priority of the facility.

### **Monitoring:**

The facility has developed systems that are intended to increase individual accountability, and all tasks in this plan of correction have been assigned to specific individuals to assure implementation and ongoing compliance.

The Administrator is responsible for assuring that the facility's quality assurance and safety committees meet monthly and that issues are reported on as indicated in this plan of correction.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

<b>Signature of Legal Entity Representative (Required):</b>	<b>Date: April 24, 2018</b>
---	-----------------------------

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress
--	--

The above plan of correction was approved by \_\_\_\_\_.  
(Initials)

- Partially Implemented – Inadequate Progress  
 Not Implemented

## Plan of Correction for § 6400.43(b)(1)

With respect to the chief executive officer executing responsibilities for the administration and general management of the facility, including implementing appropriate policies and procedures:

**Correction:**

The facility will ensure that the chief executive officer (Administrator) shall be responsible for the administration and general management of the home, including the safety and protection of individuals and compliance with 55 Pa. Code Chapter 6400 regulations.

The facility voluntarily stopped new admissions to the facility effective February 14, 2018. The facility will continue with the closure of new admissions to the facility until receipt of written approval from the Department.

**Identification of Others:**

The facility's new Medical Director started March 1, 2018. He has seen all the children at the facility and new orders have been issued where indicated and individual plans of care updated as necessary.

**Systemic Changes:**

On March 10, 2018, the facility appointed Mike Burns BSN, MBA as the Administrator and Colleen Williams, PCHA as Assistant Administrator.

The facility engaged the following consultants specializing in pediatric services to assist with assessing areas for improvement, patient safety, policy and procedure and education and training in order to ensure a standard of care specific to the children receiving services and compliance with 55 Pa. Code Chapter 6400 regulations:

- Pediatric Nurse Strategic Consultant
- Nurse-Attorney Patient Safety Consultant
- Pediatric Nurse Clinical Technology Consultant
- Pediatric Nursing Policy Consultant

In addition to the pediatric consultants referenced above, the facility also brought in the following subject-matter experts:

- Nursing Leadership
- Clinical Nursing
- Nursing Informatics
- Respiratory Therapy
- Speech Language Pathology
- Behavioral/Therapeutic
- Nutritional Services
- Facilities Management
- Risk Management

The facility engaged a new medical director, affiliated with St. Christopher's Hospital for Children's pediatric physician group practice, who started at the facility on March 1, 2018. The facility's new medical director has examined all of the children at the facility and, where indicated, new orders, ISPs and care plans have been issued. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

The facility reviewed its third-party contracts for physician, pulmonology, physiatry and dental services.

The facility recruited and hired a new Executive Director for Administration and Nursing scheduled to start on or about May 7, 2018.

The facility has placed increased attention on recruitment and retention of clinical staff.

The orientation and training program for facility staff, including agency, has been modified.

The facility has developed a quality improvement monitoring plan to monitor the implementation of the plan of correction.

**Monitoring:**

Consultant engagement will continue at least until completion of orientation and training for the new Executive Director for Administration and Nursing. Mike Burns will continue to oversee the Executive Director for Administration and Nursing and will remain onsite at the facility until the plan of correction has been accepted by the Department and the new Executive Director for Administration and Nursing has been fully oriented. Colleen Williams will remain as the Assistant Administrator.

The facility will review on an annual basis its third-party contracts for physician, pulmonology, psychiatry and dental services.

The Administrator will be responsible for ensuring that the facility has a process for reviewing policies on an annual basis and will report on progress to the quality assurance and safety committee.

The Administrator will be responsible for overseeing the implementation of the quality improvement monitoring plan for the plan of correction.

\*\*\*

**With respect to documentation:**

**Correction:**

The facility will ensure that nursing staff document shift progress notes.

Effective March 10, 2018, nursing staff are required to complete both a shift assessment and a nursing progress note every shift. Prior to March 10, 2018, nursing staff were required to complete either a shift assessment or nursing progress note.

For Child E referenced in the Licensing Inspection Summary, shift assessments were documented from February 13, 2018 to February 16, 2018.

The facility offered nursing documentation training via webinar for all nursing staff March 19, 20, 22, 26 and 30, 2018.

On April 18, 2018, Nurse Supervisors were trained on their duties and responsibilities including monitoring that progress notes and assessments are being completed.

**Identification of Others:**

The facility's new Medical Director started March 1, 2018. He has seen all the children at the facility and new orders have been issued where indicated and individual plans of care updated as necessary.

**Systemic Changes:**

Prior to March 10, 2018, nursing staff were required to complete either a shift assessment or nursing progress note. Effective March 10, 2018, nursing staff are required to complete both a shift assessment and a nursing progress note every shift.

The facility reviewed and revised the Documentation policy on April 17, 2018.

Nursing and Respiratory staff will be educated on the Documentation policy by May 9, 2018.

The facility has initiated a review of its current system for documenting medical, dental, behavioral and rehabilitation services provided to the children.

**Monitoring:**

The Nurse Supervisor will monitor that all nursing staff are completing documentation throughout the shift per the Nurse Supervisor Checklist.

The Director of Nursing will conduct random audits and report to the quality assurance and safety committee on a monthly basis to ensure that proper documentation standards are followed.

Any failure to comply with the documentation policies will result in reeducation which may be coupled with progressive/ corrective discipline. Any instance of noncompliance following reeducation/ corrective discipline will result in further corrective discipline up to and including termination of employment.

\*\*\*

**With respect to scheduling of respiratory therapists:****Correction:**

The facility will ensure adequate staffing to meet the needs of the children. The facility is licensed for 32 children under 55 Pa. Code Chapter 6400 and there are 19 children with a trach and 9 children with mechanical ventilation and those children are assigned to a respiratory therapist.

As of October 30, 2017, the facility authorized a new staffing pattern for two full-time equivalent therapists around the clock 24/7 and is recruiting to permanently fill the new positions.

Respiratory therapists are assigned to all children with mechanical ventilation and/or artificial airways.

**Identification of Others:**

The facility reviewed rehabilitation and medical services with respect to the children in the facility.

On April 1, 2018, the facility's new medical director, affiliated with St. Christopher's Hospital for Children's pediatric physician group practice, started at the facility. The facility's new medical director has examined all of the children at the facility and, where indicated, new orders, ISPs and care plans have been issued. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

All children with physician orders for pulmonary consult also are seen by the facility's pulmonologist affiliated with The Children's Hospital of Philadelphia. The pulmonologist has examined all of the children at the facility with orders for pulmonary consult.

**Systemic Changes:**

The current respiratory staffing model includes one full-time equivalent respiratory therapist around the clock and a second full-time equivalent therapist that works peak hours between 12pm-8-pm.

As of October 30, 2017, the facility authorized a new staffing pattern for two full-time equivalent therapists around the clock 24/7 and is recruiting to permanently fill the new positions.

The facility also has added a lead respiratory therapy position to oversee quality assurance, staffing, assignments and training. The facility is in the process of interviewing for a permanent hire for this position, and in the interim, current respiratory therapy staff are covering.

On April 13, 2018, a respiratory assignment policy was adopted. All children with mechanical ventilation and/or artificial airways will be overseen by a respiratory therapist. The respiratory therapist caseload assignments will be made by the Director of Nursing or designee based upon census and respiratory needs of the children.

The facility also reviewed its contract for pulmonology services with a pediatric group practice affiliated with The Children's Hospital of Philadelphia and determined that no changes were necessary at this time.

**Monitoring:**

The Nurse Supervisor on each shift will review staffing on each shift and will escalate to the Director of Nursing, Administrator or designees any staffing concerns.

The Director of Nursing or designee will review staffing each day and will notify the Administrator, Human Resources Coordinator or designees if additional staffing is required.

The Administrator will review on an annual basis the facility's third-party contracts for pulmonology services.

\*\*\*

**With respect to nursing staffing:**

**Correction:**

The facility will ensure adequate staffing to meet the needs of the children. Effective March 10, 2018 the facility committed to and implemented the "off cart RN supervisor" role (Nurse Supervisor) with 24/7 coverage. The Nurse Supervisor provides nursing oversight and resource to staff and families and he/she does not get pulled from the Nurse Supervisor assignment to cover direct care or nursing cart assignments.

**Identification of Others:**

The facility reviewed its nursing and medical services with respect to all children in the facility.

On April 1, 2018, the facility's new medical director, affiliated with St. Christopher's Hospital for Children's pediatric physician group practice, started at the facility. The facility's new medical director has examined all of the children at the facility and, where indicated, new orders, ISPs and care plans have been issued. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

**Systemic Changes:**

Clinical staffing and hiring has been a primary focus.

On April 16, 2018, a nursing assignment policy was adopted. Each nursing team is lead by an RN or an LPN.

In addition, a Nurse Supervisor is assigned to every shift to provide leadership and support for the direct care staff.

The medical model has also been enhanced with the Medical Director on site two full days a week. The Director of Nursing or designee is on call for any questions 24/7. An administrative on call manager has been added to cover 7 days a week to add more structure and escalation.

The facility has implemented daily "safety huddles" that allow issues to be escalated to clinical and administrative leadership.

**Monitoring:**

The Nurse Supervisor on each shift will review staffing on each shift and will escalate to the Director of Nursing, Administrator or designees any staffing concerns.

The Director of Nursing or designee will review staffing each day and will notify the Administrator, Human Resources Coordinator or designees if additional staffing is required.

\*\*\*

**With respect to frequent call-offs and no back-up staffing:**

**Correction:**

The facility will ensure adequate staffing to meet the needs of the children.

**Identification of Others:**

The facility reviewed its staffing needs with respect to all children in the facility.

**Systemic Changes:**

Clinical staffing and hiring has been a primary focus. The facility has entered into contracts to provide agency and traveler nursing staff coverage as-needed.

The facility also has contracted an outside recruiter to assist the facility in recruiting full-time permanent Nurse Supervisors, RNs, LPNs, Nurse Aides and Nurse Techs.

The facility has implemented a number of policy initiatives around staffing. The facility conducted a market analysis of wages for RNs, LPNs and Aides and made recommended adjustments to RN wages as of April 1, 2018. Also on April 1, 2018, the facility adopted an incentive hiring plan and retention bonus program for nursing staff. On April 12, 2018, the facility adopted a weekend on-call bonus plan for nursing and respiratory therapy staff; a perfect attendance policy; and continued with its cost of living adjustments. On April 10, 2018, the facility adopted a policy addressing excessive absenteeism and weekend call-outs.

**Monitoring:**

The Human Resources Coordinator or designee will provide monthly reviews of recruitment and retention at the quality assurance and safety meeting.

The Human Resources Coordinator will monitor absenteeism per the policy and notify the Administrator and Director of Nursing of any staff members failing to meet the requirements.

The Administrator will cause an annual wage analysis to be completed.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

**Signature of Legal Entity Representative (Required): \_\_\_\_\_ Date: April 24, 2018**

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

**Plan of Correction for § 6400.43(b)(3)-(4)**

**Correction:**

The facility will ensure that the chief executive officer (Administrator) shall be responsible for the administration and general management of the home, including the safety and protection of individuals and compliance with 55 Pa. Code Chapter 6400 regulations.

The facility voluntarily stopped new admissions to the facility effective February 14, 2018. The facility will continue with the closure of new admissions to the facility until receipt of written approval from the Department.

**Identification of Others:**

The facility's new Medical Director started March 1, 2018. He has seen all the children at the facility and new orders have been issued where indicated and individual plans of care updated as necessary.

**Systemic Changes:**

On March 10, 2018, the facility appointed Mike Burns BSN, MBA as the Administrator and Colleen Williams, PCHA as Assistant Administrator.

The facility engaged the following consultants specializing in pediatric services to assist with assessing areas for improvement, patient safety, policy and procedure and education and training in order to ensure a standard of care specific to the children receiving services and compliance with 55 Pa. Code Chapter 6400 regulations:

- Pediatric Nurse Strategic Consultant
- Nurse-Attorney Patient Safety Consultant
- Pediatric Nurse Clinical Technology Consultant
- Pediatric Nursing Policy Consultant

In addition to the pediatric consultants referenced above, the facility also brought in the following subject-matter experts:

- Nursing Leadership
- Clinical Nursing
- Nursing Informatics
- Respiratory Therapy
- Speech Language Pathology
- Behavioral/Therapeutic
- Nutritional Services
- Facilities Management
- Risk Management

The facility engaged a new medical director, affiliated with St. Christopher's Hospital for Children's pediatric physician group practice, who started at the facility on March 1, 2018. The facility's new medical director has examined all of the children at the facility and, where indicated, new orders, ISPs and care plans have been issued. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

The facility reviewed its third-party contracts for physician, pulmonology, physiatry and dental services.

The facility recruited and hired a new Executive Director for Administration and Nursing scheduled to start on or about May 7, 2018.

The facility has placed increased attention on recruitment and retention of clinical staff.

The orientation and training program for facility staff, including agency, has been modified.

The facility has developed a quality improvement monitoring plan to monitor the implementation of the plan of correction.

**Monitoring:**

Consultant engagement will continue at least until completion of orientation and training for the new Executive Director for Administration and Nursing. Mike Burns will continue to oversee the Executive Director for Administration and Nursing and will remain onsite at the facility until the plan of correction has been accepted by the Department and the new Executive Director for Administration and Nursing has been fully oriented. Colleen Williams will remain as the Assistant Administrator.

The facility will review on an annual basis its third-party contracts for physician, pulmonology, physiatry and dental services.

The Administrator will be responsible for ensuring that the facility has a process for reviewing policies on an annual basis and will report on progress to the quality assurance and safety committee.

The Administrator will be responsible for overseeing the implementation of the quality improvement monitoring plan for the plan of correction.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

<b>Signature of Legal Entity Representative (Required):</b>	<b>Date: April 24, 2018</b>
---	-----------------------------

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____: (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____. (Initials)	

## **Plan of Correction for § 6400.46(a)**

### **Correction:**

The facility will provide orientation for staff relevant to their responsibilities, the daily operation of the facility and policies and procedures of the facility before working with children.

Immediately the ISP binder was updated with all current ISPs for all children.

### **Identification of Others:**

The facility will require staff, including agency staff, to complete the facility's orientation prior to working with children.

### **Systemic Changes:**

The orientation and training program for facility staff, including agency, has been modified to include, among other things, a rapid response overview and discussion of the facility's revised abuse reporting and protection policy.

The Human Resources Coordinator will assure that all staff, including agency staff, will have completed orientation prior to working with children.

The facility has initiated a review of its current system for documenting medical, dental, behavioral and rehabilitation services provided to the children.

### **Monitoring:**

The Administrator or designee will audit the new hire and orientation checklist on a monthly basis and the results will be reported at the facility's quality assurance and safety meeting.

The Program Specialist will audit monthly to confirm that ISPs are being implemented as written. Each month, the results of the audit will be submitted to and reviewed by the facility's quality assurance and safety committee.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

**Signature of Legal Entity Representative (Required): \_\_\_\_\_ Date: April 24, 2018**

### **DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

## **Plan of Correction for § 6400.144**

### **With respect to monitoring for oxygen saturation:**

### **Correction:**

The facility follows physician orders related to monitoring oxygen saturation levels using a point-of-care pulse oximetry device that displays pulse rate and pulse oximetry levels and itself has monitoring and reporting capabilities, including alarm functions which notify staff if there are deviations from defined parameters.

The facility also uses a back-up "SafetyNet" system that, in addition to the point-of-care device, provides for central monitoring capabilities of pulse rate and pulse oximetry levels and deviations from defined parameters.

On March 21, 2018, the SafetyNet back-up system was updated to include on the “monitoring board” the first name, first initial of last name and room number for each child with an order for pulse oximetry monitoring.

**Identification of Others:**

On March 21, 2018, the facility conducted a review of all children with orders for pulse oximetry point-of-care devices and “readmitted” them into the SafetyNet system so that the children also can be monitored via the back-up SafetyNet system.

**Systemic Changes:**

The facility will reeducate Nursing and Respiratory staff on the Pulse Oximetry policy on or before May 9, 2018.

**Monitoring:**

The Nurse Supervisor will be responsible for ensuring that the Pulse Oximetry policy is followed with respect to children with physician orders for pulse oximetry, as indicated on the Nurse Supervisor checklist.

The Director of Nursing will conduct random audits to confirm that the Nurse Supervisors are conducting Pulse Oximetry checks and the results of the audits will be discussed at the facility’s monthly quality assurance and safety committee meetings.

The Director of Nursing will conduct an annual review of the SafetyNet system and will report on and make recommendations to the facility’s quality assurance and safety committee.

\*\*\*

**With respect to vital sign checks:**

**Correction:**

The facility is following physician orders for vital sign checks.

**Identification of Others:**

On April 11-12, 2018, the facility conducted a chart review and a review of physician orders for all children.

Each child has been examined by the facility’s new medical director during the months of March and April 2018.

Audit confirms that ISPs for all children are current.

Audit confirms that all children’s annual physicals are up to date.

**Systemic Changes:**

On April 18, 2018, the facility’s Vital Signs policy was reviewed and updated.

Vital signs are obtained as directed by the physician order and are recorded in the medical record.

The facility adopted a Child Health and Safety Assessment policy to assure that if the health and safety assessment identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment.

The facility has initiated a review of its current system for documenting medical, dental, behavioral and rehabilitation services provided to the children.

**Monitoring:**

The Nurse Supervisor is responsible for checking to confirm that vitals are checked and recorded by nursing staff in the medical record as required by policy.

The Director of Nursing or designee is responsible for assuring that the Child Health and Safety Assessment is implemented so that appropriate medical treatment is provided for the acute and chronic conditions of each child.

The Director of Nursing or designee will conduct random audits to ensure ongoing compliance.

The results of the vital signs and Child Health and Safety Assessment audits will be reviewed at the facility’s quality assurance and safety meeting.

Any failure to comply with the Vital Signs policy and the Child Health and Safety Assessment policy will result in reeducation which may be coupled with progressive/ corrective discipline. Any instance of noncompliance following reeducation/ corrective discipline will result in further corrective discipline up to and including termination of employment.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

**Signature of Legal Entity Representative (Required):** \_\_\_\_\_ **Date: April 24, 2018**

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

**Plan of Correction for § 6400.161(b)**

**Correction:**

The facility will ensure that medications will be kept in an area or container that is locked.

Medication carts will be kept locked when the nurse is not at the cart.

The medication cart in Room 429 that is referenced in the Licensing Inspection Summary was immediately locked.

**Identification of Others:**

Each nurse is responsible for ensuring that the medication cart is locked when the nurse is away from the cart in accordance with policy.

Nurse Supervisors observe medication carts during their shift.

**Systemic Changes:**

All nursing staff will be reeducated on the Medication Administration Policy by May 9, 2018.

**Monitoring:**

Going forward weekly audits of the Nurse Supervisor Checklist will occur by the Director of Nursing or designee to ensure Nurse Supervisors are observing medication carts during their shift in accordance with policy.

The Director of Nursing or designee, which may be the facility's pharmacy consultant, will conduct random audits to ensure ongoing compliance.

The results of the medication cart audits will be reviewed at the facility's quality assurance and safety meeting.

Any failure to comply with the Medication Administration policy will result in reeducation which may be coupled with progressive/ corrective discipline. Any instance of noncompliance following reeducation/ corrective discipline will result in further corrective discipline up to and including termination of employment.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

**Signature of Legal Entity Representative (Required):** \_\_\_\_\_ **Date: April 24, 2018**

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented
--	--

The above plan of correction was approved by _____ (Initials)	<input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
--	--

## Plan of Correction for 6400.161(e)

### Correction:

The facility will ensure that discontinued and expired medications are disposed of in a safe manner.

The discontinued medications for Child F referenced in the Licensing Inspection Summary were disposed of and no longer are in the medication cart.

Child F no longer resides in the facility.

### Identification of Others:

On April 11-12, 2018, each medication cart was checked to ensure all expired and discontinued medications were removed in a safe manner.

### Systemic Changes:

Effective April 13, 2018, the following policies and procedures were updated: Medication Reconciliation, a copy of which is attached as Exhibit 6400.161(e)-1, and Disposal of Discontinued or Expired Medication, a copy of which is attached as Exhibit 6400.161(e)-2.

All nursing and respiratory staff will be reeducated on Disposal of Discontinued or Expired Medication and Medication Reconciliation policies by May 9, 2018.

### Monitoring:

Going forward weekly audits will occur by the Nurse Supervisor to ensure discontinued and expired medications are discarded in accordance with policy.

The Director of Nursing or designee, which may be the facility's pharmacy consultant, will conduct random audits to ensure ongoing compliance.

The results of the discontinued and expired medication audits will be reviewed at the facility's quality assurance and safety meeting to assure that medications are being disposed of in a safe and timely manner.

Any failure to comply with the Disposal of Discontinued or Expired Medication and Medication Reconciliation policies will result in reeducation which may be coupled with progressive/ corrective discipline. Any instance of noncompliance following reeducation/ corrective discipline will result in further corrective discipline up to and including termination of employment.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

<b>Signature of Legal Entity Representative (Required):</b>	<b>Date: April 24, 2018</b>
---	-----------------------------

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

## **Plan of Correction for § 6400.164(a)-(b)**

### **With respect to the Medication Administration Record:**

#### **Correction:**

Immediately the unit clerk's access was changed to "read only".

The administrator and the director of nursing who were at the facility at the onset of the alleged conduct are no longer employed at the facility.

#### **Identification of Others:**

The facility audited medication administration records and the involved employee received reeducation.

#### **Systemic Changes:**

All nursing staff will be reeducated on the Medication Administration Policy by May 9, 2018.

The facility has initiated a review of its current system for documenting medical, dental, behavioral and rehabilitation services provided to the children.

#### **Monitoring:**

Going forward Nurse Supervisors are responsible for monitoring team nurses to ensure that the nurses are completing timely documentation of medication administration records.

The facility's pharmacy consultant will audit medication administration records on a monthly basis, with findings reported to the Administrator and the Director of Nursing.

The results of the medication administration record audits will be reviewed at the facility's quality assurance and safety meeting to assure that medications are being timely administered and documented.

Any failure to comply with the Medication Administration policy will result in reeducation which may be coupled with progressive/ corrective discipline. Any instance of noncompliance following reeducation/ corrective discipline will result in further corrective discipline up to and including termination of employment.

\*\*\*

### **With respect to "dressings":**

#### **Correction:**

The facility will ensure the central line dressing is maintained and changed as per the physician's order.

The facility will follow physician orders for dressing changes for Child G.

#### **Identification of Others:**

On April 11-12, 2018, the facility conducted a chart review and a review of physician orders for all children.

Each child has been examined by the facility's new medical director during the months of March and April 2018.

Audit confirms that all children's annual physicals are up to date.

#### **Systemic Changes:**

Nurses will be reeducated by May 9, 2018 on the Central Line Dressing Change policy, which states that dressing is to be maintained and changed as per the physician's order.

Physician orders are obtained and are documented in the medical record.

The facility has initiated a review of its current system for documenting medical, dental, behavioral and rehabilitation services provided to the children.

**Monitoring:**

The Nurse Supervisor is responsible for checking to confirm that physician orders are followed by nursing staff and documented in the medical record as required by policy.

The Director of Nursing or designee will conduct random audits of nurses documentation of dressing changes in the medical record to ensure ongoing compliance and the audits will be reviewed at the facility's quality assurance and safety meeting.

The Director of Nursing or designee is responsible for assuring that the nurses receive Central Line Dressing Change Competency Skills Evaluation on an annual basis.

The Director of Nursing will monitor the Central Line Dressing Change Competency Skills Evaluation and notify the Administrator and Director of Nursing of any staff members failing to meet the requirements.

Any failure to comply with the Central Line Dressing Change policy will result in reeducation which may be coupled with progressive/ corrective discipline. Any instance of noncompliance following reeducation/ corrective discipline will result in further corrective discipline up to and including termination of employment.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

<b>Signature of Legal Entity Representative (Required):</b>	<b>Date: April 24, 2018</b>
---	-----------------------------

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

**Plan of Correction for § 6400.185(b)****Correction:**

The facility will ensure that the ISP is implemented as written. If the ISP is inaccurate or cannot be implemented as written, Program Specialists will notify the child's Supports Coordinator and will escalate to the Department as necessary.

Mistakes in Child E's ISP were brought to the attention of Child E's Supports Coordinator by the facility's Program Specialist. Child E's ISP was reviewed and revised April 10, 2018.

**Identification of Others:**

The facility reviewed its ISPs and Child Health and Safety Assessments with respect to all children in the facility.

Audit confirms that ISPs for all children are current.

On April 1, 2018, the facility's new medical director, affiliated with St. Christopher's Hospital for Children's pediatric physician group practice, started at the facility. The facility's new medical director has examined all of the children at the facility and, where indicated, new orders, ISPs and care plans have been issued. The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care.

**Systemic Changes:**

Program Specialists will be reeducated on the ISP/IHP Development and Meetings policy by May 9, 2018.

The medical model has been enhanced with the Medical Director on site two full days a week. The Director of Nursing or designee is on call for any questions 24/7. An administrative on call manager has been added to cover 7 days a week to add more structure and escalation.

The facility has implemented daily "safety huddles" that allow issues to be escalated to clinical and administrative leadership.

The facility adopted a Child Health and Safety Assessment policy to assure that if the health and safety assessment identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment.

The facility has initiated a review of its current system for documenting medical, dental, behavioral and rehabilitation services provided to the children.

**Monitoring:**

The Program Specialist will audit monthly to confirm that ISPs are being implemented as written. Each month, the results of the audit will be submitted to and reviewed by the facility's quality assurance and safety committee.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

**Signature of Legal Entity Representative (Required):** \_\_\_\_\_ **Date:** April 24, 2018

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

**Plan of Correction for § 6400.188(a),(b) and (d)**

**Correction:**

The facility shall provide services including assistance, training, and support for the acquisition, maintenance or improvement of functional skills, personal needs, communication, and personal adjustment.

The facility shall provide opportunities and support to the individual for participation in community life, including volunteer or civic-minded opportunities and membership in National or local organizations.

The facility shall provide services that are age and functional appropriate to the individual.

**Identification of Others:**

All Activity events and programs in the past 30 days as well as admission procedures were reviewed to ensure that quality programming and support for caregivers/family members will be in effect.

**Systemic Changes:**

The facility reviewed services provided to children and adopted the following:

- Activity Calendar
- Activity Programming
- Welcome Packet for New Admissions
- Quality Assurance Tools
- Communication to Home Program
- Welcome Program
- Assessment
- Therapeutic Recreational Assessemnt

- Outdoor/Community Programming
- Inventory of Activities

**Program Descriptions:** To ensure the social emotional well-being of the children as well as their cognitive, language, mobility, and functional skills, an interactive Activity Program was designed to meet the 4 age groups (Infants, Toddlers, Preschool, and School Age) within the facility. The programs are designed to meet the needs of children as well as improve/maintain quality of life factors.

**Admission and Child's Adjustment to the Facility:** To ensure that a child and his/her family is supported through the admission process, the child is followed by an Interdisciplinary Team (IDT) for the first 30 days. The child is followed weekly by the IDT to ensure the child's social emotional well-being is monitored. Changes will be made to the child's individualized care plan to support the any needs that the child may have as well as update treatment goals. Progress notes will be written by the IDT in the medical record documentation to follow the child's progress.

To promote family or guardian's bonds with their child, there will be two opportunities that can be used to ensure quality communication as well as having a role in their child's care. Our Communication to Home Program is our way of utilizing video technology so the family member or guardian can call their child or participate within a Activity program (all children participating in the group must have a permission to video waiver signed). There are two IPADs on mini carts that are designated for communication within the facility. One for each unit is designated. The Social Worker will work with the family for a designated call time, so the family member or guardian can either FaceTime or Skype with the child. This allows the family and child to continue to support their emotional bond as well as aid in the adjustment period after admission. The second tool that we can help the family/guardian utilize is Life Story Questionnaire for the child. The family member utilizes this tool to describe their child's personality, daily routines, activities that they enjoy, and family description. This creates a partnership between the family and the facility to help create an environment of care and comfort for the child. This aids in admission as well as for treatment plans for the child.

Training and education to Administrator, Director of Nursing, Social Services and all Professional Activity and Therapy Staff will be provided on or before May 9, 2018 on how to create an Activity calendar, how to create programs for age appropriateness as well as cognitive and functional appropriateness, how to track child's adjustment upon admission, how to aid in adjustment of a new admission for the child/family member or guardian; how to bring community programming to the child and the child to the community; as well as creating goals for ISP/IHP; and developing an individualized care plan according to each child. Quality Assurance tools will be used to measure the effectiveness of the Activity program as well as competencies for the Activity leaders/Program Specialists.

**Monitoring:**

The Director of Nursing, Nurse Educator, Program Manager, Administrator, or Nursing Supervisor will complete weekly audits for 60 days to ensure quality programming and environment are within the outlined standard as well as meeting the needs of the children. Results will be presented to the QA Committee for evaluation and recommendations for improvement will be made as needed.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

<b>Signature of Legal Entity Representative (Required):</b>	<b>Date: April 24, 2018</b>
<b>DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____ (Initials)	

**Plan of Correction for § 6400.200(a)-(b)**

**Correction:**

The facility will ensure that proper restrictive procedures are followed.

Staff were notified (i) of the prohibition of applying any restraint that applies pressure or weight on a child's respiratory system and (ii) that children will not be restrained unless there is a restrictive procedure plan as required by regulation.

The facility will ensure that staff have restrictive procedure training prior to any restrictive procedures being used.

The facility implemented a Supervision Plan for Child D. Restraints are not being used on Child D.

**Identification of Others:**

Audit confirms that no children have restrictive procedures ordered or in use. Children will not be restrained unless there is a restrictive procedure plan as required by regulation.

**Systemic Changes:**

The Restrictive Procedures policy was reviewed and updated April 16, 2018 and a copy is attached Exhibit 6400.200(a)-(b)-1. The policy states for each child for whom restrictive procedures will be used beyond unanticipated use specified in Pa. Code 3800.201-205 and 6400.192-196, a restrictive procedure plan shall be written and included in the patient's plan of care or ISP/IHP.

Staff will be trained on the Restrictive Procedures policy on or before May 9, 2018.

Program Specialists will assess the need for a restrictive procedure as part of the ongoing ISP process.

The Program Specialist will alert the Director of Nursing immediately if there is an identified need for a restrictive procedure on an individual.

The facility will ensure that any staff who administers a restrictive procedure will have completed restrictive procedure training prior to any restrictive procedures being used.

Currently, the facility enters provider orders for restrictive procedures in the medical record.

The facility has initiated a review of its current system for documenting medical, dental, behavioral and rehabilitation services provided to the children.

**Monitoring:**

The Director of Nursing or designee will complete a monthly chart audit to ensure that children with provider orders for restrictive procedures have a restrictive procedure plan in place. The audit will be reviewed at the monthly quality assurance and safety meeting.

The incident reports are reviewed on a monthly basis at the quality assurance and safety committee and any children in need of a restrictive procedure plan will be identified.

The Director of Nursing or designee will be responsible for preparing the restrictive procedures training.

The Administrator will be responsible for ensuring that staff are trained on the Restrictive Procedures policy on or before May 9, 2018.

**Printed Name and Title of Legal Entity Representative (Required): Michael Burns, Administrator**

<b>Signature of Legal Entity Representative (Required):</b>	<b>Date: April 24, 2018</b>
---	-----------------------------

**DEPARTMENT USE ONLY – PROVIDER MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____: (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented – Adequate Progress <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by _____. (Initials)	

Addendum to Plans of Correction

Standard	Description of LIS	Plan of Action
§ 6400.16	<p>The LIS states that “There was Insufficient staff to meet the children’s needs” because the lead nurse was pulled due to staff call outs.” Provide a description of the policy and practices to assure adequate staffing ratios at all times, including in the case of staff “call outs.”</p> <p>The PSC’s Pediatric Model of Care policy reads in part “staffing ratios are based on overall patient care needs”. The LIS stated that “Staff assignments were made without regard for acuity levels.” The POC does not describe how Pediatric Specialty Care will ensure adequate staffing assignments are made to address the assessed acuity levels of the children. Describe the policy and process for reviewing acuity levels based on medical status and how professional services are assigned based on the acuity level.</p> <p>Describe the nursing assignment policies including information on the minimum nurse to child staffing ratio and how it will reflect the assessed acuity of the children.</p>	<p>Pediatric Specialty Care at Philadelphia (PSC) exceeds the regulatory requirement of a minimum ratio of one staff member per eight individuals during waking hours and one staff member per sixteen individuals during sleeping hours. Routine staffing patterns includes an RN or LPN assigned to each cart, which has no more than eight children, a Nursing Supervisor RN on duty 24/7 not assigned to a cart, and nursing technicians that are routinely staffed 24/7 on every shift.</p> <p>PSC has implemented a perfect attendance bonus program to help minimize unexpected staff call outs, and a voluntary weekend staff nurse on-call program to provide additional resources to respond to an unexpected call out.</p> <p>The Nursing Assignment policy describes that the PSC ensures a registered professional nurse oversees the day to day care of all children. The Director of Nursing or designated nursing supervisor will assess the clinical and developmental needs of the individuals when making clinical assignments. The Director of Nursing or supervisor relies on the child’s MD orders and plan of care, their ISP, and most recent nursing assessment (and Respiratory Therapy assessment if applicable) to inform their clinical decision-making to understand the patient’s acuity in completing the assignment sheet. Assignments are implemented at change of shift.</p> <p>Routine staffing patterns includes an RN or LPN assigned to each cart, which has no more than eight children, a Nursing Supervisor RN on duty 24/7 not assigned to a cart, and nursing technicians that are routinely staffed 24/7 on every shift. The Director of nursing or designated nursing supervisor will assess the clinical and developmental needs of the individuals when making clinical assignments. The Director of Nursing or designated supervisor relies on the child’s MD orders and plan of care, their ISP, and most recent nursing assessment (and Respiratory Therapy if applicable) to inform their</p>

	<p>Describe the process/procedure to ensure the availability of medical support when the doctor is not on site, including expectations for the doctor's response and the plan should that timeframe for response not be met.</p> <p>The LIS stated that "The respiratory therapist on duty had multiple conflicting roles and unclear responsibilities." Having two full-time equivalent respiratory therapists around the clock, 24/7 is a positive change to improve access to care for the children.</p> <p>Describe the facility's policy and standard practice for securing pulmonary consults for children on an on-going basis, including the timeframe for children to be seen.</p> <p>The POC states that "The staff orientation training program has been modified to include discussion of the facility's revised abuse reporting and protection policy, and current staff have been reeducated about the abuse reporting and protection policy. Clarify if there a posted notice on how to report suspected abuse to assure that staff have the information on an ongoing basis.</p> <p>The POC states that "The Medical Director has worked with the facility to develop an escalation policy and safety program that will improve communication and quality of care. "Outline and</p>	<p>clinical decision-making to understand the patient's acuity in completing the assignment sheet. Assignments are implemented at change of shift.</p> <p>Pediatric and Pulmonary physicians are contracted with PSC with the requirement that they are both available by telephone 24 hours a day 7 days a week when not on site at the facility. Based on the child's unique clinical needs, a nurse can activate the on call or escalation processes at any time.</p> <p>Pulmonary physicians are contracted to provide onsite services one day every other week and consultation by phone 24 hours a day when not on site at the facility. Based on the child's unique clinical needs, a nurse can activate the on call or escalation processes at any time. The pulmonologist determines the frequency that children with respiratory conditions are routinely seen based on that child's clinical needs.</p> <p>Children requiring consultation with a pulmonologist are scheduled to be seen when the pulmonologist is on site every other week. If the pulmonologist determines that the child needs to be seen sooner than the next scheduled visit, the child can be seen as an outpatient at the pulmonologist's office. Any child with an emergent pulmonary condition will be sent to the emergency room.</p> <p>Notices on how to report suspected abuse are posted in the 3rd and 4th floor breakrooms.</p> <p>The major elements of the escalation policy includes the following:</p> <ul style="list-style-type: none"> <li>• Clinical assessment of the child by the Care team members (nurses, respiratory</li> </ul>
--	---	--

	<p>describe the major elements of the escalation policy.</p> <p>The Plan should address how children will be supervised at all times during shifts, how this process will be implemented and the responsible parties for monitoring and compliance.</p> <p>The POC states that “the facility has implemented daily “safety huddles” that allow issues to be escalated to clinical and administrative leadership.” Describe the daily safety huddle process. Identify the routine participants and the scope of concerns to be reviewed.</p> <p>The POC states that “The Administrator is responsible for assuring that the facility’s quality assurance and safety committees meet monthly and that issues are reported on as indicated in this plan of correction.” Describe the membership, the meeting frequency and the routine activities of the quality assurance and safety committee.</p>	<p>therapists, programming team, nursing assistants)</p> <ul style="list-style-type: none"> <li>• Classification of the clinical assessment as urgent and emergent</li> <li>• Activation of 911 for all emergent situations</li> <li>• Notification to RN Supervisor, Pediatrician, Pulmonologist, and family members</li> <li>• Resolution of the situation</li> </ul> <p>The nursing assignment sheet documents the nursing tech and RN/LPN and respiratory therapy direct care providers for each child and these providers are responsible to assure that they are supervising the children at all times, including during change of shift. The nursing supervisor is responsible to oversee all clinical assignments to monitor and assure compliance of the supervision of the children.</p> <p>The daily safety huddle is conducted every morning seven days a week. Members from nursing, respiratory, therapy, programming, housekeeping, central supply, receptionist, and management attend. The topics that are reviewed include the following; census including hospitalizations and appointments, safety concerns regarding staff, individuals, and families, pharmacy updates, lab updates, risk management and quality concerns, PT/OT/ST, housekeeping, IT, HR, social services, programming, and recreational therapy topics/concerns.</p> <p>The membership of the facility’s quality assurance and safety committee (Q&amp;S) is comprised of the following leadership:</p> <ul style="list-style-type: none"> <li>• Regional Operations Director</li> <li>• Regional Chief Quality Officer</li> <li>• Executive Director</li> <li>• Assistant Administrator</li> <li>• Director of Nursing</li> <li>• Director of Human Resources</li> <li>• Physicians and other subject matter experts as needed.</li> </ul>
--	---	---

	<p>FREQUENCY: The facility's quality assurance and safety committee meets at a minimum of monthly.</p> <p>ROUTINE ACTIVITIES: The Q&amp;S engages in the following activities:</p> <ul style="list-style-type: none"> <li>• Review of incident reports</li> <li>• Review of surveillance audits that monitor provision of care and environment of care.</li> <li>• Identification of trends in quality and safety for individuals and employees from review of incident reports and audits.</li> <li>• Recommendation of action plans following principles of continuous quality improvement.</li> </ul> <p>The LIS states that Pediatric Specialty Care's patient monitoring technology was malfunctioning and ineffective. Monitoring technology - The POC does not describe any changes made to address the placement of monitoring technology so that monitors can be viewed when in a child's room and from all areas of the floor, and Alarms can be heard.</p> <p>The Safety-Net update to permit reports to be generated is noted. Add an explanation of how this enhanced functionality will be used.</p> <p>Outline the components of the checklist used by the nursing supervisor and audit tool used by the director of nursing.</p>	<p>PSC has reviewed the Safety Net system with the vendor to assess alarm volume. Alarms on both DME and on Safety Net are audible. The Safety Net volume is set and locked at the loudest volume possible. PSC has updated the Safety Net system to assure that every child's name and room number is visible on the master station so that staff can easily visualize and identify an alarm. An additional monitoring station has been purchased to enhance visualization of alarms.</p> <p>Safety Net reports allow leadership to review historical data including measured parameters during a defined time period. These reports are used for continuous quality improvement and in the investigation of specific incidents.</p> <p>The components of the audit checklist used by the Nursing Supervisor and Director of Nursing includes the following but not limited to:</p> <ul style="list-style-type: none"> <li>• School Schedule</li> <li>• Transport Schedule</li> <li>• Positioning/Adaptive Equip/Properly Dressed</li> <li>• QMAR Compliance/Alert checks with Narc Count/Flags approved children's school schedule</li> <li>• PCC Compliance (Assessments/ POC Tasks/Progress Notes)</li> </ul>
--	--	---

	<ul style="list-style-type: none"> <li>• All team documentation completed before end of shift</li> <li>• Chart checks</li> <li>• Refrigerator temperature check</li> <li>• Oxygen Safety</li> <li>• E-carts check</li> <li>• AED Battery Check</li> <li>• Change in Condition</li> <li>• Wounds/Skin Integrity</li> <li>• Central Lines/Dressing</li> <li>• Medication carts locked/cleaned</li> <li>• Medical records secured</li> <li>• Medication compliance</li> <li>• Expired meds</li> <li>• Pharmacy concerns</li> </ul> <p>An audit on 6/5/18 confirmed that all room regulators are equipped with flow high regulators with a minimum oxygen level of 1,000 pounds per square inch.</p> <p>The PSC Oxygen Cylinder policy ensures that oxygen cylinders are used in a safe and efficient manner. The major elements of the oxygen cylinder policy include the following: The oxygen tank, regulator, nipple, and adapter.</p> <p>The elements of the Oxygen concentrator include the oxygen concentrator, electric cord, humidifier bottle, air filter, and flow meter. The oxygen storage and handling policy ensures that oxygen is stored and handled in a safe manner. The elements of the oxygen storage and handling policy include but not limited to the following:</p> <ul style="list-style-type: none"> <li>• The entrance of each unit is properly signed with "Oxygen in Use, No Smoking" signs</li> <li>• "E" tanks are kept in portable carriers.</li> <li>• Additional "E" tanks are kept on the Emergency cart at each unit</li> <li>• Additional cylinders are stored in the designated oxygen storage room</li> <li>• When the pressure in an oxygen tank that is in use falls below 500 psi it will be</li> </ul>
--	--

	<p>The LIS states that “There were no specific policies, procedures, or protocols relating to Emergency Response and Mock Code Drills.” The elements of the policies of the response policy, including the protocols related to mock code drills, should be described. As noted in the April 9th letter transmitting the Licensing Inspection Summaries, this should address.</p> <p>Transition to and from the hospital (What is the protocol, for example, for the escalation of care concerns when the medical director is not on site? Include who is responsible for calling 911 to ensure that there is no unnecessary delay to emergency services when needed. Include specific plan as to how emergency medical responders will be brought to the appropriate child once the responders arrive on the property.)</p>	<p>placed in designated return area in oxygen storage room and new tank placed with the individual on the unit</p> <ul style="list-style-type: none"> <li>• Oxygen “E” tanks are kept with individual at all times. If individual is ambulatory it may be kept in the appropriate signed “Designated Emergency Equipment Parking Area”</li> <li>• Oxygen concentrators are serviced by the appropriate DME Company. PSC owned concentrators are sent out for servicing annually</li> <li>• Respiratory Therapist ensures that there is an appropriate quantity of oxygen on hand at all times</li> </ul> <p>The Emergency Response policy was reviewed on 4/14/2018. The emergency response policy outlines a comprehensive process to ensure emergency medical care to the children at PSC. The elements of the policy includes but not limited to initiating a 911 call prior to calling the physician; CPR initiation; team member roles; notification of parent/guardian; and documentation of the event.</p> <p>To ensure readiness to provide Emergency Response, mock code drills were initiated at PSC in April 2018. The mock code drills are performed monthly and it is reported to the Quality and Safety Committee.</p> <p>PSC ensures that any individual’s change in condition is monitored and appropriately escalated. The major elements of the escalation policy includes the following:</p> <ul style="list-style-type: none"> <li>• Clinical assessment of the child by the Care team members (nurses, respiratory therapists, programming team, nursing assistants).</li> <li>• Classification of the clinical assessment as urgent and emergent.</li> <li>• Activation of 911 for all emergent situations.</li> <li>• Notification to RN Supervisor, Pediatrician, Pulmonologist, and family members.</li> <li>• Resolution of the situation.</li> </ul>
--	--	---

	<p>Periodic review and evaluation of sentinel events</p> <p>The LIS states that “During the March 9-10, 2018 inspection, multiple children were observed receiving tube feedings while lying flat in their cribs.” Outline the components of the audits to be conducted by the director of nursing and frequency of use to assure that children are being fed safely.</p> <p>The LIS states that “a Heat Moisture Exchange (HME) was picked up from the floor and reattached to the Child’s tracheostomy.” Clarify the frequency of staff training/ education on proper infection control.</p>	<p>The Nursing Supervisor assigns staff member to wait at entrance to 3301 Scotts Lane to usher EMS to the child needing emergent and or urgent care upon arrival.</p> <p>Incident reports are reviewed and investigated by the DON or designee and the Assistant Administrator, including those that are sentinel events. Incidents are reviewed monthly and reported at the quality and safety meeting.</p> <p>Weekly audits are performed by the Director of Nursing or designee related to proper positioning of children requiring a feeding tube for nourishment. The documentation policy includes the requirements for the nursing shift assessments and nursing progress notes.</p> <p>The Nursing Supervisors for each shift perform clinical rounds continuously to ensure that the child is in a sitting position or with head elevated at least 30-45 degrees during feeding and for at least one hour after feeding.</p> <p>Staff training/education for infection control practices are provided during orientation and annually. The daily safety huddles were implemented on April 24, 2018 which includes discussion on infection prevention as a standing agenda item to ensure education is frequent and real-time.</p>
§ 6400.42 43 (b) (1)	<p>As noted above, outline and describe the major elements of the escalation policy. The Plan should address how children will be supervised at all times during shifts, how this process will be implemented and the responsible parties for monitoring and compliance.</p>	<p>PSC ensures that any individual’s change in condition is monitored and appropriately escalated. The major elements of the escalation policy includes the following:</p> <ul style="list-style-type: none"> <li>• Clinical assessment of the child by the Care team members (nurses, respiratory therapists, programming team, nursing assistants)</li> <li>• Classification of the clinical assessment as urgent and emergent.</li> </ul>

	<p>The POC states that “The facility has implemented daily “safety huddles” that allow issues to be escalated to clinical and administrative leadership.” As noted above, describe/explain the “safety huddle” process. Identity the routine participants and the scope of concerns to be reviewed.</p> <p>The POC states that “An administrative on call manager to cover 7 days a week” has been added. Provide a description of the policy and practices to assure adequate staffing ratios at all times, including in the case of staff “call out.”</p> <p>The LIS states that “Documentation procedure specifies content to be recorded and who is to record it in the electronic records system...a review of 3 months of records for six children found numerous instance of missing assessments and progress notes.”</p> <p>The POC states that “Going forward Nurse Supervisors are responsible for monitoring team nurses to ensure that the nurses are completing timely documentation of medication administration records.” Provide/describe the</p>	<ul style="list-style-type: none"> <li>Activation of 911 for all emergent situations</li> <li>Notification to RN Supervisor, Pediatrician, Pulmonologist, and family members</li> <li>Resolution of the situation</li> </ul> <p>The daily safety huddle is conducted seven days a week. Members from nursing, respiratory, therapy, programming, housekeeping, central supply, receptionist, and management attend. The topics that are reviewed include the following; census including hospitalizations and appointments, safety concerns, and families, pharmacy updates, lab updates, Risk management and quality concerns, PT/OT/ST, housekeeping, IT, HR, social services, programming, and recreational therapy topics/concerns.</p> <p>PSC exceeds the requirement of a minimum ratio of one staff member per eight individuals during waking hours and one staff member per sixteen individuals during sleeping hours. Routine staffing patterns includes a nurse being assigned to each cart, which has no more than eight children, a Nursing Supervisor on duty 24/7 not assigned to a cart, and nursing technicians that are routinely staffed 24/7 on every shift.</p> <p>PSC has implemented a perfect attendance bonus program to help minimize unexpected staff call outs, and a voluntary weekend staff nurse on-call program to provide additional resources to respond to an unexpected call out.</p> <p>The documentation policy includes the requirements for the nursing shift assessments and nursing progress notes.</p> <p>Nursing staff documents a nursing assessment every shift for each individual in his/her care during that shift and any task required in Point of Care section. All documentation is completed before the end of the shift. Documentation in the Nursing progress notes is done by exception.</p>
--	---	---

	<p>major elements of the documentation policy, the requirements for nursing shift assessments, nursing progress notes and for physician notes.</p> <p>The LIS states that “Individuals’ acuity levels are not accurately assessed or changed based on changes in the medical status.” Describe the policy and process for reviewing acuity levels based on medical status and how professional services are assigned based on the acuity level.</p> <p>The LIS states that “The facility has developed a quality improvement monitoring plan to monitor the implementation of the plan of correction.” Describe the elements or provide a copy of the Quality Improvement Monitoring plan to implement the POC.</p> <p>All the elements requested in the April 9th letter transmitting the Licensing Inspection Summary were not provided. Provide the following information: The facility’s means to ensure emergency contact information for facility leadership is available and accessible to staff at all times.</p> <p>Staffing hierarchies and responsibilities during each shift and at shift changes.</p>	<p><b>Documentation by Physicians:</b></p> <ul style="list-style-type: none"> <li>• The frequency of pediatric consultation will be determined by the pediatrician. All children are evaluated at least monthly. Pediatricians are on site twice weekly.</li> <li>• The frequency of pulmonology consultation will be determined by the pulmonologist. The frequency is determined by the pulmonary needs of the child. Pulmonologists are on site every other week.</li> </ul> <p>The Director of Nursing or designated nursing supervisor will assess the clinical and developmental needs of the individuals when making clinical assignments. The Director of Nursing supervisor relies on the child’s MD orders and plan of care, their ISP, and most recent nursing assessment (and Respiratory Therapy assessment if applicable) to inform their clinical decision-making to understand the patient’s acuity in completing the assignment. Assignments are implemented at change of shift.</p> <p>On-call binders are available at every nurse station which include social worker on call schedule with phone numbers, physician on call schedule with phone numbers, pulmonologist on call schedule with phone numbers, leadership on call schedule with phone numbers, and management phone numbers available 24/7. The Safety communication pathway outlines the communication hierarchy of the team members, during shifts and at shift changes.</p> <p>Routine staffing patterns includes an RN or LPN assigned to each cart, which has no more than eight children, a Nursing Supervisor RN on duty 24/7 not assigned to a cart, and nursing technicians that are routinely staffed 24/7 on</p>
--	--	---

	<p>Include the pulmonologists responsibility to respond to the PSC staff vs the medical director. Is the medical director the first line of response for all medical issues or would the pulmonologist be the first line for certain issues?)</p>	<p>every shift. Children with respiratory conditions are placed on the respiratory therapy assignment by the nursing supervisor. Assignments are made every shift by the DON or the nursing supervisor.</p> <p>Pediatric and Pulmonary physicians are contracted with PSC with the requirement that they are both available by phone 24 hours a day 7 days a week when not on site at the facility.</p> <p>The RN/LPN or nursing supervisor will contact the pediatrician for medical issues. The Pulmonologist will be contacted directly, at the discretion of the RN, LPN or nursing supervisor, for respiratory specific medical issues in children with artificial airways. The pediatrician and the pulmonologist communicate directly and can refer to each other as they determine appropriate for an individual child.</p>
§ 6400.46 (a)	<p>The LIS cited "Staff Person #1 is a nurse tech responsible for providing services to Childe E. The child has extensive medical and supervision needs. Staff person #1 was not trained on the child's specific care needs at any time. "The POC states that "The orientation and training program for facility staff, including agency, has been modified "and that "The Administrator or designee will audit the new hire and orientation checklist monthly and the results will be reported at the facility's quality assurance and safety meeting. Describe or provide an outline of the contents of the orientation and training program and confirmation that the reference to "agency staff" includes employees and contract staff. Verify that the orientation includes the role/use of the current ISP for the children and expectations for review of any updates.</p> <p>Describe the process to document and monitor that each employee receives ongoing training, including retraining training on at least an annual basis.</p> <p>Throughout the POC, references are made to audit: weekly audits by the Nurse Supervisor,</p>	<p>Effective May 2018, the orientation and training program for facility staff including contract staff was modified and implemented to all new hires. The outline of the orientation schedule includes the following but not limited to: philosophy &amp; mission, HR orientation module, employee training- Relias learning, types of care, staffing levels, chain of command, policies and procedures, medical emergencies, infection control, respiratory overview, developmental appropriate activities, behavioral management, enteral feeding, mandated reporting, Incident reporting, creating ISP and continuity, and commonly used equipment.</p> <p>The training, re-training training is tracked through a software system called Relias. A yearly calendar is created within the Relias system for a new hire which is tracked on a monthly basis to ensure ongoing compliance with the required training(s) of each employee.</p>

	<p>random audits by the Director of Nursing, weekly audits by the Nurse Supervisor to review expired medications, random audits by the facility's pharmacy consultant, medication record audits, audits of annual physicals, random audits of nursing documentation, to monitor ISP implementation, restrictive procedures, and quality programming and compliance with the Vital Signs policy and the Child Health and Safety Assessment policy. Provide a schedule of audits, by type, with the responsible entity identified, the frequency of the audit and body that will act on the findings related to singular events and to the routine review of patterns and trends in the facility.</p>	
§ 6400.144	<p>The POC states that "Any failure to comply with the Vital Signs policy and the Child Health and Safety Assessment policy will result in reeducation which may be coupled with progressive/ corrective discipline."</p> <p>Provide/describe the major elements of the vital sign policy, child health and safety assessment policy.</p>	<p>The major elements of the Vital Signs Policy include that upon admission and readmission, PSC obtains the child's vital signs every shift for 72 hours or as directed by physician.</p> <p>The major elements of the child and health assessment includes the following: Medical information and health concerns such as allergies; medications; immunization history; medical diagnoses; medical problems that run in the family; issues experienced by the individual's mother during pregnancy; special dietary needs; illness; injuries; dental, mental and emotional problems; body positioning and movement stimulation for individual with disabilities, if applicable; and ongoing medical care needs.</p> <p>Additionally, the child health and safety assessment also includes:</p> <ul style="list-style-type: none"> <li>• Known or suspected suicide or self-injury attempts or gestures and emotional history which may indicate a predisposition for self-injury or suicide.</li> <li>• Known incidents of aggressive or violent behavior.</li> <li>• Substance abuse history, Sexual history or behavior patterns that may place the individual or other individuals at a health or safety risk.</li> <li>• The Child Health and Safety Assessment will be completed in Point Click Care.</li> </ul>

		<p>To ensure further compliance the social worker and Director of Nursing ensures all sections are completed and the assessment is signed and locked within the first twenty-four hours of admission.</p>
§ 6400.161(b)	<p>The LIS stated that "...a medication cart containing prescription medications and medical supplies was unlocked and accessible." The POC indicates there is a weekly audit process. Clarify how the observation of carts will ensure medication is locked at the cart.</p> <p>The Medication Reconciliation policy could be interpreted to read that the nurses write verbal orders after performing the reconciliation and prior to speaking directly with the physician. In practice, that should not occur. Provide confirmation that this language has been corrected to assure that physicians are writing orders.</p> <p>Provide a description of the process for review of medication handling on a shift basis, and, confirmation that any medication error resulting from the failure to comply will be reported per ODP Bulletin 6000-04-10 which serves as the basis for the agency's policy on reporting abuse, neglect and unusual incidents (provided to the DHS reviewers during the on- site inspection).</p> <p>Verify that staff are aware of other reportable incidents and shall comply with other aspects of the bulletin, including the timeliness standards and use of a certified investigator.</p> <p>Explain how incident management data is used for risk analysis, monitoring, and quality assurance.</p>	<p>Medication carts in the facility are locked at all times when not in use. To further ensure compliance, the Supervisors perform random weekly audits to ensure the carts are locked (when not in use). Additionally, during leadership rounding, the carts are randomly checked to ensure the carts are locked. Real time coaching is provided, which escalates to progressive discipline as appropriate.</p> <p>The language in the Medication Reconciliation policy has been changed to reflect that the Physicians are providing medication orders.</p> <p>All medication carts are locked at all times. Medications are not be left on counters when unattended. This process is audited every shift by the Nursing Supervisor.</p> <p>The following medication errors are reported in EIM within 72 hours of occurrence wrong dose, wrong patient, and/or omission. All staff received training on reportable incidents during orientation, and direct education from nursing supervisors at all times.</p> <p>Staff are educated on reportable incident policy and what is considered a reportable incident during orientation. Staff have been reeducated on the importance of reporting any unusual incidents to be further investigated by the incident point person.</p> <p>Incident management data is used to track and trend incident reports to analyze process breakdowns, evaluate the need to implement new policies, and to identify any education</p>

		needs. The incident management data is reported to the Quality and Safety committee.
§ 6400.164(a) (b)	<p>Describe the process and elements of the monitoring conducted by the nurse supervisors to ensure nurses are completing timely and accurate documentation of medication administration records.</p> <p>As noted above, provide confirmation that any medication error will be reported per ODP Bulletin 6000-04-10 which serves as the basis for the agency's policy on reporting abuse, neglect and unusual incidents (provided to the DHS reviewers during the on- site inspection).</p>	The policy does reflect the ODP Bulletin 6000-04-10 and identifies that child-line will be contacted immediately.
§ 6400.185(b)	<p>The LIS noted that a child ISP indicated they should not be left alone. "The facility administrator stated that PSC was unable to provide one-to-one supervision to Child E and other individuals in the facility because they were not being paid to provide that level of supervision." As noted above, describe /explain the daily safety huddle process. Identity the routine participants and the scope of concerns to be reviewed.</p> <p>As stated above, outline and describe the major elements of the escalation policy. The Plan should address how children will be supervised at all times during shifts, how this process will be implemented and the responsible parties for monitoring and compliance.</p>	<p>The daily safety huddle is conducted daily seven days a week. Members from nursing, respiratory, therapy, programming, housekeeping, central supply, receptionist, and management attend. The topics that are reviewed include the following; census including hospitalizations and appointments, safety concerns regarding staff, individuals, and families, pharmacy updates, lab updates, Risk Management and Quality concerns, PT/OT/ST housekeeping, IT, HR, Social Services, Programming, and rec therapy topics/concerns.</p> <p>PSC ensures that any individual's change in condition is monitored and appropriately escalated. The escalation policy includes the following:</p> <ul style="list-style-type: none"> <li>• Clinical assessment of the child by the Care team members (nurses, respiratory therapists, programming team, nursing assistants).</li> <li>• Classification of the clinical assessment as urgent and emergent.</li> <li>• Activation of 911 for all emergent situations.</li> <li>• Notification to RN Supervisor, Pediatrician, Pulmonologist, and family members.</li> <li>• Resolution of the situation.</li> </ul>
§ 6400.188(a), (b) and (d)	The LIS contained an extensive description of the failure to meet the emotional, social and developmental needs of the children. The POC must:	The existing programming was reviewed and revised to include extensive programming roll out. Effective May 1, 2018, activity programming was implemented which includes categorization of activities into eight specialized

	<p>Describe the rhythms, routines, and practices that will provide each child with developmental activities e.g. play/learning activities; use of art therapies such as music, frequent interaction with adults to provide meaningful engagement through speech and play; outdoor activity and play. The inspectors observed children alone in their rooms and halls for extended periods of time with nothing but televisions playing;</p>	<p>categories. The eight categories include: Cognition/Attention; Communication/Social; Fine/Gross Motor; Life Skills/Community; Play; Music and Art; and Sensory. Additionally, included in the Activity Programming are fourteen subset categories to address education and play needs of the children along with providing programming that improves or maintains the children's cognitive, social/communication, fine/gross motor, and emotional skills. In the enhanced activity program, music therapy is provided.</p> <p>To provide meaningful engagement, Activity Programming is determined by age level and cognitive/functional level for each child. Calendars for small group activities are created for Infant, Toddler, Preschool, and School Age children. With the enhanced activity programming, there are daily activities for each specific group.</p> <p>To provide meaningful engagement with adults outdoor/community programming are displayed on the Activity calendar. The individual child's calendar for outings when a child leaves the building as well as community programming that comes into the building. Transportation is planned by the Activity Department.</p> <p>The assigned Speech Therapist assesses expressive and receptive language as well as cognition, articulation, motor speech, and swallowing skills. The child's communication levels are determined by standardize testing as well as clinical observations. Evaluations are done upon admission, annual date, and upon necessity of change of condition. Screenings are performed quarterly and if a child is observed to have a decline or improvement in skill level then a follow-up evaluation is performed. The child is on speech therapy services until PLOF (Previous Level of Function) is obtained or new baseline is determined. The Speech language therapist determines if skilled intervention is warranted from previous level of function. Speech therapy also aids some programming activities. To maintain a child's level of communication, there</p>
--	---	--

	<p>are daily programs in the activity calendar that have a focus of communication whether it is verbal or nonverbal types of communication.</p> <p>Activities for the child centers around communication interactions as well as social programs and pragmatic language skills. Including family involvement helps in facilitating and improving communication. A program called “Communication to Home” was implemented on May 1, 2018 to facilitate and improve communication as well as improve family bonding. This program is another avenue for the child to communicate with their family or receive communications from the family.</p> <p>Program staff create a calendar that focuses on social interactions and communication as well as structured play and learning concepts. Weekly Audits are performed for the first 60 days and then monthly audits to observe the quality of programming as well as to make sure the calendar programming is being followed. Staff are provided with a monthly activities calendar which includes structured age and developmental groups with specific activities. An activity calendar will be posted on Unit 3 and Unit 4 to display daily and monthly events. Daily calendars are created for specialized groups within the facility: Infant, Toddler, Preschool, and School Age. Staff can see what program is happening and bring the child to the appropriate program.</p> <p>Programming staff, Speech, PT, SW, and OT all remain consistent and stable staff for each child. Therapy is staffed Monday – Friday.</p> <p>Programming is staffed 7 days per week. Activities are offered throughout the day. Communication concerns and deficits the children are address by the Speech language pathologist. Communication and social programs are available to each children at each developmental stage to promote expressive, receptive, and pre-language skills.</p> <p>On admission, in order for caregivers to understand the specific needs of the child and to make them comfortable and increase the ability</p>
--	---

	<p>Describe strategies to provide caregiver stability to each child across shifts through staff assignments to specific children and/or the use of volunteers who could be present to “be with” the children to play, comfort and bond.</p> <p>Clarify how development milestones will be measured and progress in developmental areas will be assessed.</p> <p>Describe how behavioral health support is provided/arranged for children who experience the trauma of separation and medical procedures.</p>	<p>to interact, an informational form for each child is created. An informational form regarding a child’s likes/dislikes, comfort items, and strategies for when child is sad/angry is in the child’s room that gives staff and volunteers direction on what to do with the child. On the admission of the child, the Program Specialist/designee will enter the information regarding the child’s likes/dislikes, comfort items, and strategies for when the child is sad/angry into the electronic documentation. The Program Specialist will then print out the form and post it in the child’s room. Updates to the forms are performed upon admission, readmission, significant change of medical condition, annual, and upon quarterly or as needed basis. Activities are offered through the day, 7 days a week. Therapy staffing is available Monday through Friday to address child’s needs.</p> <p>Developmental assessment tools are implemented. Going forward, on admission each child receives a development assessment and all activities and therapies are implemented based on this standardized assessment. All children have been assessed and have been placed in developmental groups with structured activities to measure progress.</p> <p>Assessment of cognitive, communication, sensory, and functional abilities are done by Therapy (Physical, Occupational, and Speech) to aid in the determination of cognitive, language, swallowing, sensory, and functional ADL and mobility levels. PT, ST or OT evaluation are completed. Development assessments are performed by the therapy team upon admission, annual, significant change of medical condition, and quarterly review.</p> <p>We currently have a Child Life specialist who specializes in helping children deal with trauma and medical procedures. Child life specialist is available to discuss the medical procedure with family members/guardians/as well as the child to aid in education and providing support to the child and the family.</p>
--	--	--

	<p>Describe how the facility will address the developmental needs of the children through improve staffing beyond medical staff through the inclusion of developmental specialists, early intervention specialists, play therapists, trained child care aides.</p>	<p>With the next new admission, the Welcome Program will be initiated. The program will follow the child for 30 days to assess and minimize difficulty with adjustment to the facility. Interdisciplinary team consisting of the Social Workers, Therapy, Nursing, and Activity Staff will follow, observe, and document how the child is functioning and adjusting to the facility within the 30 days. Upon quarterly reviews the IDT team will meet and discuss the child's behavior, social needs, as well as functional needs.</p> <p>Communication to Home Program provides video Technology so caregivers/family members have a way to contact his/her child while he/she is a resident in this facility. Information about the program has been shared with families and caregivers and is offered and available upon request. Families may visit at any time; there are open visiting hours.</p> <p>Assessment of cognitive, communication, sensory, and functional abilities are completed by Therapy (Physical, Occupational, and Speech) to aid in the determination of cognitive, language, swallowing, sensory, and functional ADL and mobility levels. A therapy evaluation is completed.</p> <p>The facility has therapy programs that are created for the child to develop and/or maintain their functional levels (gross/fine motor, communication, swallowing, sensory, and vestibular/proprioception skills) as well as cognitive levels.</p> <p>The facility has implemented a program for recreational therapy to determine physical gross motor goals, social goals, and cognitive goals through a Therapeutic Recreational Assessment to aid in child's individual functional and cognitive skills levels as well as how a child will participate in programming. Recreational Therapist develops programs to aid in the child's interests as well as their functional gross motor, cognitive, play, and social skills.</p>
--	--	--

	<p>Describe facility practices to actively engage family members and primary caregivers in children's lives through enabling frequent visits; involving siblings; facilitating community outings or home visits; assuring the presence of photos and videos of family members and using technology.</p> <p>Provide the facility policy that specifies the method for qualified medical professionals to assess each child's specific clinical and developmental needs at the time of admission and on an ongoing basis.</p>	<p>The facility has Program Specialists who participate in the development of the Activity calendar to address the needs of the child as well as support the child's interests. Activities aides are utilized to assist in facilitating programs to promote developmental play within the structure of play with the aid of the Recreational Therapist and Program Specialist.</p> <p>The facility has Music Therapy onsite for individuals (based on the early intervention programs, preschool programs).</p> <p>PSC has developed and implemented a program called Communication to Home. This allows families to either facetime and/or skype with their child at a time of their choosing if unable to come to the facility to visit. IPADS have been set up and designated for this program. Family may visit at any time; there are open visiting hours...</p> <p>An Activity calendar is posted on each floor to display daily events, community events as well as entertainment so family members, guardians can view and ask to join or participate in the program.</p> <p>Social Work staff coordinate home visits as appropriate.</p> <p>When the facilities are open to admission, photos of family members/guardians will be requested upon admission with the Welcome Packet. And these photos will be posted in the child's room (with the family's permission). The admission packet will also include a life story for the family member/legal guardian to fill out to aid the facility in understanding the child as well as creating a further bond between the family, the child, and the caregivers within the facility.</p>
--	---	--

§ 6400.200(a) (b)	<p>The LIS states that "PSC used prohibited mechanical restraints on Child D"</p> <p>Provide facility policies and procedures for the use of restrictive procedures.</p> <p>As noted above, provide confirmation that any improper or unauthorized use of restraint will be reported per ODP Bulletin 6000-04-10 which serves as the basis for the agency's policy on reporting abuse, neglect and unusual incidents (provided to the DHS reviewers during the on-site inspection).</p>	<p>The policy does reflect the ODP Bulletin 6000-04-10 and identifies that child-line will be contacted immediately.</p>

## PEDIATRIC SPECIALTY CARE AT PHILADELPHIA

### Addendum to the Plan of Correction

July 20, 2018

**1.**

- *A minimum of one (1) nursing technician or other direct care personnel trained to carry out the individual plans for every four (4) children served regardless of age between the hours of 7:00 AM and 11:00 PM.*

Pediatric Specialty Care at Philadelphia commits to staffing a minimum of one (1) nurse technician or other direct care personnel trained to carry out the individual plans for every four (4) children served regardless of age between the hours of 7:00am and 11:00PM.

- *A minimum of one (1) nursing technician or other direct care personnel trained to carry out the individual plans for every eight (8) children served regardless of age between the hours of 11:00 PM and 7:00 AM.*

Pediatric Specialty Care at Philadelphia commits to staffing a minimum of one (1) nurse technician or other direct care personnel trained to carry out the individual plans for every eight (8) children served regardless of age between the hours of 11:00PM and 7:00 AM.

- *Additional staff as needed to meet children's developmental and support needs if the above ratios are insufficient to meet a child's unique needs.*

Pediatric Specialty Care at Philadelphia commits to additional staff to meet a child's unique developmental and support needs should the above ratios be insufficient.

**2.**

- *A mandatory timeframe for advance notice of planned and unplanned call-offs.*

As per Pediatric Specialty Care at Philadelphia's Attendance Policy all staff are required to provide a minimum of four (4) hours' notice prior to planned and unplanned absences.

- *Designation of a specific person/role who has responsibility for securing alternative staff.*

The nursing supervisor on each shift has the responsibility for securing alternative staff, and to escalate to the Director of Nursing or Designee who oversees all clinical staffing.

- *A procedure for oversight of children pending the arrival of alternate/additional staff.*

If a time period exists pending arrival of alternative/additional staff to arrive, the nursing supervisor, Director of Nursing or Designee will assure there is oversight to the affected children.

- *Circumstances under which contract staff will be used to meet planned and unplanned staffing needs.*

Pediatric Specialty Care at Philadelphia utilizes contract staff to meet planned and unplanned needs, and is contracted with eight (8) agencies. When regular and per diem resources are exhausted, the nurse supervisors are authorized to contact the agencies for unplanned needs.

### 3.

- *Circumstances that trigger the need for a clinical assessment.*

As per Pediatric Specialty Care at Philadelphia's Change in Condition Policy, any change in clinical condition triggers a need for clinical assessment. This includes but is not limited to the following:

- a. Increase in oxygen need
- b. Decrease in Spo<sub>2</sub>
- c. Seizure activity
- d. Abnormal heart rate, blood pressure, respiratory effort and/or temperature.
- e. Frequent emesis
- f. Lethargy
- g. Other deviations from baseline.

- *Staggered frequency and timing of internal safety huddles, audits and other internal quality assurance reviews.*

A facility wide safety huddle occurs daily between 9-11am. Additional huddles occur twice daily at change of shift at 7am and 7pm. Pediatric Specialty Care at Philadelphia, through its Quality and Safety Committee, has established a schedule for random audits. The Quality and Safety Committee meets a minimum of monthly, and more frequently if indicated, to conduct internal quality reviews.

- *Specification that first responders (911) will be contacted in an emergency situation before internal notification to administrative personnel.*

As per Pediatric Specialty Care Change in Condition Policy staff will call 911 immediately in an emergency situation prior to contacting administrative personnel.

**4.**

Pediatric Specialty Care at Philadelphia confirms that every element of the approved plans of correction for each violation of Chapters 3800 and 6400, and it will remain in effect until written approval by the Department to stop or modify the plans is granted, even if the facility's license has been renewed.

**5.**

Furthermore, Pediatric Specialty Care at Philadelphia confirms that the plan of correction will include the continuation of the closure of new admissions until written approval from the Department to reopen admissions is granted.